| Fill in this information to identify your case: |                               |                                 |
|-------------------------------------------------|-------------------------------|---------------------------------|
| United States Bankruptcy Court for the:         |                               |                                 |
| SOUTHERN DISTRICT OF INDIANA                    |                               |                                 |
| Case number (if known)                          | Chapter you are filing under: |                                 |
|                                                 | Chapter 7                     |                                 |
|                                                 | ☐ Chapter 11                  |                                 |
|                                                 | ☐ Chapter 12                  |                                 |
|                                                 | ☐ Chapter 13                  | Check if this an amended filing |

# Official Form 101

# **Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | t 1: Identify Yourself                                                                                                           |                                                   |                                               |
|-----|----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|-----------------------------------------------|
|     |                                                                                                                                  | About Debtor 1:                                   | About Debtor 2 (Spouse Only in a Joint Case): |
| 1.  | Your full name                                                                                                                   |                                                   |                                               |
|     | Write the name that is on your government-issued picture identification (for example, your driver's license or passport).        | Mark First name  A. Middle name                   | First name  Middle name                       |
|     | Bring your picture identification to your meeting with the trustee.                                                              | Gartrell Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (Sr., Jr., II, III)      |
| 2.  | All other names you have used in the last 8 years                                                                                |                                                   |                                               |
|     | Include your married or maiden names.                                                                                            |                                                   |                                               |
| 3.  | Only the last 4 digits of<br>your Social Security<br>number or federal<br>Individual Taxpayer<br>Identification number<br>(ITIN) | xxx-xx-8526                                       |                                               |

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Debtor 1 Mark A. Gartrell

Case number (if known)

|    |                                                                                                         | About Debtor 1:                                                                                                                                     | About Debtor 2 (Spouse Only in a Joint Case):                                                                                              |
|----|---------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| 4. | Any business names and<br>Employer Identification<br>Numbers (EIN) you have<br>used in the last 8 years | ■ I have not used any business name or EINs.                                                                                                        | ☐ I have not used any business name or EINs.                                                                                               |
|    | doing business as names                                                                                 | Business name(s)                                                                                                                                    | Business name(s)                                                                                                                           |
|    |                                                                                                         | EINs                                                                                                                                                | EINs                                                                                                                                       |
| 5. | Where you live                                                                                          |                                                                                                                                                     | If Debtor 2 lives at a different address:                                                                                                  |
|    |                                                                                                         | 402 West Main Street<br>Milton, IN 47357                                                                                                            |                                                                                                                                            |
|    |                                                                                                         | Number, Street, City, State & ZIP Code                                                                                                              | Number, Street, City, State & ZIP Code                                                                                                     |
|    |                                                                                                         | Wayne                                                                                                                                               |                                                                                                                                            |
|    |                                                                                                         | County                                                                                                                                              | County                                                                                                                                     |
|    |                                                                                                         | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |
|    |                                                                                                         | Number, P.O. Box, Street, City, State & ZIP Code                                                                                                    | Number, P.O. Box, Street, City, State & ZIP Code                                                                                           |
| 6. | Why you are choosing this district to file for                                                          | Check one:                                                                                                                                          | Check one:                                                                                                                                 |
|    | bankruptcy                                                                                              | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                                | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                       |
|    |                                                                                                         | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)                                                                                        | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)                                                                               |
|    |                                                                                                         |                                                                                                                                                     |                                                                                                                                            |

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Case number (if known)

| 7.  | The chapter of the<br>Bankruptcy Code you are                                                                                | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. |              |                     |                                                                                                                                                                       |                                                                                                                 |      |  |  |  |
|-----|------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|---------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|------|--|--|--|
|     | choosing to file under                                                                                                       | Chapter 7                                                                                                                                                                                               |              |                     |                                                                                                                                                                       |                                                                                                                 |      |  |  |  |
|     |                                                                                                                              | ☐ Chapter 11                                                                                                                                                                                            |              |                     |                                                                                                                                                                       |                                                                                                                 |      |  |  |  |
|     |                                                                                                                              | ☐ Chapt                                                                                                                                                                                                 | ter 12       |                     |                                                                                                                                                                       |                                                                                                                 |      |  |  |  |
|     |                                                                                                                              | ☐ Chapt                                                                                                                                                                                                 | ter 13       |                     |                                                                                                                                                                       |                                                                                                                 |      |  |  |  |
| 8.  | How you will pay the fee                                                                                                     | abo                                                                                                                                                                                                     | out how your | ou may pay. Typic   | with the clerk's office in your local court for more of<br>curself, you may pay with cash, cashier's check, or ralf, your attorney may pay with a credit card or chec | noney                                                                                                           |      |  |  |  |
|     |                                                                                                                              |                                                                                                                                                                                                         |              |                     | Iments. If you choose this optic Official Form 103A).                                                                                                                 | n, sign and attach the Application for Individuals to                                                           | Pay  |  |  |  |
|     |                                                                                                                              | ☐ I re                                                                                                                                                                                                  | quest the    | at my fee be waiv   | ed (You may request this option                                                                                                                                       | only if you are filing for Chapter 7. By law, a judge<br>or income is less than 150% of the official poverty li | may, |  |  |  |
|     |                                                                                                                              | app                                                                                                                                                                                                     | olies to yo  | ur family size and  | you are unable to pay the fee ir                                                                                                                                      | installments). If you choose this option, you must fial Form 103B) and file it with your petition.              |      |  |  |  |
| 9.  | Have you filed for bankruptcy within the last 8 years?                                                                       | ■ No.                                                                                                                                                                                                   |              |                     |                                                                                                                                                                       |                                                                                                                 |      |  |  |  |
|     | iasi o years:                                                                                                                | ☐ res.                                                                                                                                                                                                  | District     |                     | When                                                                                                                                                                  | Case number                                                                                                     |      |  |  |  |
|     |                                                                                                                              |                                                                                                                                                                                                         | District     |                     | When                                                                                                                                                                  | Case number                                                                                                     |      |  |  |  |
|     |                                                                                                                              |                                                                                                                                                                                                         | District     |                     | When                                                                                                                                                                  | Case number                                                                                                     |      |  |  |  |
| 10. | Are any bankruptcy                                                                                                           | ■ No                                                                                                                                                                                                    |              |                     |                                                                                                                                                                       |                                                                                                                 |      |  |  |  |
|     | cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | ☐ Yes.                                                                                                                                                                                                  |              |                     |                                                                                                                                                                       |                                                                                                                 |      |  |  |  |
|     |                                                                                                                              |                                                                                                                                                                                                         | Debtor       |                     |                                                                                                                                                                       | Relationship to you                                                                                             |      |  |  |  |
|     |                                                                                                                              |                                                                                                                                                                                                         | District     |                     | When                                                                                                                                                                  | Case number, if known                                                                                           |      |  |  |  |
|     |                                                                                                                              |                                                                                                                                                                                                         | Debtor       |                     |                                                                                                                                                                       | Relationship to you                                                                                             |      |  |  |  |
|     |                                                                                                                              |                                                                                                                                                                                                         | District     |                     | When                                                                                                                                                                  | Case number, if known                                                                                           |      |  |  |  |
| 11. | Do you rent your residence?                                                                                                  | ■ No.                                                                                                                                                                                                   | Go to        | line 12.            |                                                                                                                                                                       |                                                                                                                 |      |  |  |  |
|     |                                                                                                                              | ☐ Yes.                                                                                                                                                                                                  | Has yo       | our landlord obtain | ed an eviction judgment agains                                                                                                                                        | you and do you want to stay in your residence?                                                                  |      |  |  |  |
|     |                                                                                                                              |                                                                                                                                                                                                         |              | No. Go to line 12   |                                                                                                                                                                       |                                                                                                                 |      |  |  |  |
|     |                                                                                                                              |                                                                                                                                                                                                         |              |                     |                                                                                                                                                                       | ludgment Against You (Form 101A) and file it with t                                                             |      |  |  |  |

Debtor 1 Mark A. Gartrell

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| Deb | otor 1 Mark A. Gartrell                                                                                                                                           |                        |                                                                                                                           | Case number (if known)                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|     |                                                                                                                                                                   |                        |                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Par | Report About Any Ru                                                                                                                                               | sinesses '             | You Own as a Sole Propri                                                                                                  | etor .                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|     |                                                                                                                                                                   |                        |                                                                                                                           | <del></del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 12. | Are you a sole proprietor of any full- or part-time business?                                                                                                     | ■ No.                  | Go to Part 4.                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|     |                                                                                                                                                                   | ☐ Yes.                 | Name and location of bo                                                                                                   | usiness                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|     | A sole proprietorship is a                                                                                                                                        |                        |                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|     | business you operate as<br>an individual, and is not a<br>separate legal entity such<br>as a corporation,<br>partnership, or LLC.                                 |                        | Name of business, if an                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|     | If you have more than one sole proprietorship, use a                                                                                                              |                        | Number, Street, City, St                                                                                                  | ate & ZIP Code                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|     | separate sheet and attach it to this petition.                                                                                                                    |                        | Check the appropriate b                                                                                                   | pox to describe your business:                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|     | ·                                                                                                                                                                 |                        |                                                                                                                           | siness (as defined in 11 U.S.C. § 101(27A))                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|     |                                                                                                                                                                   |                        | ☐ Single Asset Re                                                                                                         | al Estate (as defined in 11 U.S.C. § 101(51B))                                                                                                                                                                                                                                                                                                                                                                                                                               |
|     |                                                                                                                                                                   |                        | ☐ Stockbroker (as                                                                                                         | defined in 11 U.S.C. § 101(53A))                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|     |                                                                                                                                                                   |                        | ☐ Commodity Brok                                                                                                          | ser (as defined in 11 U.S.C. § 101(6))                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|     |                                                                                                                                                                   |                        | ☐ None of the abo                                                                                                         | ve                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| 13. | Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?  For a definition of small business debtor, see 11 U.S.C. § 101(51D). | deadlines<br>operation | s. If you indicate that you am<br>ns, cash-flow statement, and<br>i.C. 1116(1)(B).  I am not filing under Chapte<br>Code. | e court must know whether you are a small business debtor so that it can set appropriate e a small business debtor, you must attach your most recent balance sheet, statement of dederal income tax return or if any of these documents do not exist, follow the procedure apter 11.  For 11, but I am NOT a small business debtor according to the definition in the Bankruptcy are 11 and I am a small business debtor according to the definition in the Bankruptcy Code. |
| Par | t 4: Report if You Own or                                                                                                                                         | Have Any               | Hazardous Property or A                                                                                                   | ny Property That Needs Immediate Attention                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 14. | Do you own or have any                                                                                                                                            | ■ No.                  |                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|     | property that poses or is<br>alleged to pose a threat<br>of imminent and<br>identifiable hazard to                                                                | Yes.                   | What is the hazard?                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|     | public health or safety?<br>Or do you own any<br>property that needs<br>immediate attention?                                                                      |                        | If immediate attention is needed, why is it needed?                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|     | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?                                                 |                        | Where is the property?                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|     | •                                                                                                                                                                 |                        |                                                                                                                           | Number, Street, City, State & Zip Code                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|     |                                                                                                                                                                   |                        |                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |

Debtor 1 Mark A. Gartrell

Case number (if known)

### Tell the court whether you have received a briefing about credit counseling.

Part 5:

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

Explain Your Efforts to Receive a Briefing About Credit Counseling

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

 ☐ I am not required to receive a briefing about credit counseling because of:

### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|------------------------------------------------------|
| counseling because of:                               |

#### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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| Rank Similar   Answer These Questions for Reporting Purposes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Deb                                           | otor 1 Mark A. Gartrell |                |                               |                               | Case numbe              | (if known)                             |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|-------------------------|----------------|-------------------------------|-------------------------------|-------------------------|----------------------------------------|--|--|
| No. Go to line 16b.   Yes. Go to line 16c.   Yes. Go to line 17.   Yes. Go to line 16c.   Yes. Go to line 16c.   Yes. Go to line 16c.   Yes. Go to line 17.   Yes. Go to line 17c.   Yes. Go to line 17c.   Yes. Go to line 17c.   Yes. Go to line 16c.   Yes. Go to line 17c.   Yes. Go to line 17c.   Yes. Go to line 16c.   Yes. Go to line 18c.   Yes.   Yes    | Par                                           | t 6: Answer These Quest | ions for R     | eporting Purposes             |                               |                         |                                        |  |  |
| Pyes. Go to line 17.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 16.                                           |                         | 16a.           |                               |                               |                         |                                        |  |  |
| 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.    No.   The period of the business of investment or through the operation of the business or investment.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                               |                         |                | ☐ No. Go to line 16b.         |                               |                         |                                        |  |  |
| money for a business or investment or through the operation of the business or investment.    No. Go to line 16c.   Yes. Go to line 17.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                               |                         |                | Yes. Go to line 17.           |                               |                         |                                        |  |  |
| 7. Are you filing under Chapter 7. Go to line 17.   16c.   State the type of debts you owe that are not consumer debts or business debts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                               |                         | 16b.           |                               |                               |                         |                                        |  |  |
| 16c. State the type of debts you owe that are not consumer debts or business debts  17. Are you filing under Chapter 7. Go to line 18.  18. How many Creditors do you estimate that funds will be available to distribute to unsecured creditors?  18. How many Creditors do you estimate that you owe?  19. How much do you estimate that you oestimate that pour insecured creditors?  19. How much do you estimate that you oestimate your assets to be worth?  19. How much do you estimate your fabilities to be?  19. How much do you estimate your fabilities to be?  19. How much do you estimate your fabilities to be?  19. How much do you estimate your fabilities for you estimate your fabilities for you estimate your fabilities for your fabilities fabilities for your fabilities for your fabilities fabilities for your fabilities for your fabilities fabiliti  |                                               |                         |                | ☐ No. Go to line 16c.         |                               |                         |                                        |  |  |
| 17. Are you filing under Chapter 7. Go to line 18. Chapter 7?  Do you estimate that after any exempt property is excluded and administrative expanses are paid that funds will be available for distribution to unsecured creditors?  18. How many Creditors do you estimate that you owe?  19. How much do you estimate that you estimate your assets to be worth?  19. How much do you estimate your ilabilities to be your liabilities to be?  19. How much do you estimate your ison to you estimate your liabilities to be?  19. How much do you estimate your liabilities to be?  10. How much do you estimate your liabilities to be?  10. How much do you estimate your liabilities to be?  11. How much do you estimate your liabilities to be?  12. Sign Below  13. Description of the your liabilities to be worth?  14. Have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 1 United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 1 United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 1 United States Code, specified in this petition.  15. Lunderstand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptoy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. § 152, 1341, 150.000 to 150.000, or imprisonment for up to 20 years, or both. 18 U.S.C. § 152, 1341, 150.000 to 150.000, or imprisonment for up to 20 years, or both. 18 U.S.C. § 152, 1341, 150.000 to 150.000 to 150.000 to 150.000, or imprisonment for up to 20 years, or both. 18 U.S.C. § 152, 1341, 150.000 to 150.000 t |                                               |                         |                | ☐ Yes. Go to line 17.         |                               |                         |                                        |  |  |
| Chapter 7?  Do you estimate that after any exempt property is excluded and administrative expanding property is excluded and administrative expanding property is excluded and administrative expanding administrative expenses are paid that funds will be available to distribute to unsecured creditors?  18. How many Creditors do you estimate that you owe?  19. How much do you estimate that you over in the property of the property   |                                               |                         | 16c.           | State the type of debts yo    | ou owe that are not consur    | mer debts or busines    | s debts                                |  |  |
| Chapter 7?  Do you estimate that after any exempt property is excluded and administrative expanding property is excluded and administrative expanding property is excluded and administrative expanding administrative expenses are paid that funds will be available to distribute to unsecured creditors?  18. How many Creditors do you estimate that you owe?  19. How much do you estimate that you over in the property of the property   |                                               |                         |                |                               |                               |                         |                                        |  |  |
| after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?    No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 17.                                           |                         | □ No.          | I am not filing under Chap    | oter 7. Go to line 18.        |                         |                                        |  |  |
| administrative expenses are paid that funds will be available for distribution to unsecured creditors?  18. How many Creditors do you estimate that you owe?  19. How much do you estimate that you estimate that you owe?  19. How much do you estimate your assets to be worth?  19. How much do you estimate your assets to be \$50,001 - \$100,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                               | after any exempt        | ■ Yes.         |                               |                               |                         |                                        |  |  |
| Section   Pes   Pes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                               | administrative expenses |                | ■ No                          |                               |                         |                                        |  |  |
| 18. How many Creditors do you estimate that you owe?  19. How much do you estimate that you owe?  19. How much do you estimate your assets to be worth?  19. How much do you estimate your assets to be worth?  19. How much do you estimate your assets to be worth?  19. How much do you estimate your liabilities to be?  10. 10.001 - \$500,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                               | •                       |                | □Yes                          |                               |                         |                                        |  |  |
| you estimate that you owe?    50.99                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                               |                         |                |                               |                               |                         |                                        |  |  |
| you estimate that you owe?    50-99                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 18.                                           |                         | <b>■</b> 1-49  |                               | ☐ 1,000-5,000                 | )                       | ☐ 25,001-50,000                        |  |  |
| 100-199                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                               |                         |                |                               | <b>5001-10,000</b>            | 0                       | ☐ 50,001-100,000                       |  |  |
| 19. How much do you estimate your assets to be worth?    \$0 - \$50,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                               |                         |                |                               | ☐ 10,001-25,0                 | 000                     | ☐ More than100,000                     |  |  |
| estimate your assets to be worth?  \$50,001 - \$100,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                               |                         | □ 200-9        | 99<br>                        |                               |                         |                                        |  |  |
| be worth?    \$100,001 - \$500,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 19.                                           |                         | _ ` `          | •                             |                               |                         |                                        |  |  |
| 20. How much do you estimate your liabilities to be?    \$0 - \$50,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                               |                         |                |                               |                               |                         |                                        |  |  |
| estimate your liabilities to be?  \$50,001 - \$100,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                               |                         |                |                               |                               |                         |                                        |  |  |
| to be?  \$100,001 - \$100,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 20.                                           |                         |                |                               |                               |                         |                                        |  |  |
| For you  I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.  If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 1 United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.  If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).  I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.  I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                               | •                       | _              |                               |                               |                         |                                        |  |  |
| For you  I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.  If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 1 United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.  If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).  I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.  I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                               |                         |                |                               |                               |                         | _                                      |  |  |
| I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.  If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 1 United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.  If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).  I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.  I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                               |                         | <b>Δ</b> ψοσο, |                               |                               |                         |                                        |  |  |
| If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 1 United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.  If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).  I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.  I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Par                                           | t 7: Sign Below         |                |                               |                               |                         |                                        |  |  |
| United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.  If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).  I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.  I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | For                                           | you                     | I have ex      | amined this petition, and I   | declare under penalty of p    | perjury that the inforn | nation provided is true and correct.   |  |  |
| document, I have obtained and read the notice required by 11 U.S.C. § 342(b).  I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.  I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                               |                         |                |                               |                               |                         |                                        |  |  |
| I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |                         |                |                               |                               |                         | t an attorney to help me fill out this |  |  |
| bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                               |                         | I request      | relief in accordance with the | ne chapter of title 11, Unite | ed States Code, spec    | cified in this petition.               |  |  |
| and 3571.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | bankruptcy case can result in fi<br>and 3571. |                         |                |                               |                               |                         |                                        |  |  |
| /s/ Mark A. Gartrell  Mark A. Gartrell  Signature of Debtor 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                               |                         |                |                               |                               | Signature of Debto      | r 2                                    |  |  |
| Signature of Debtor 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                               |                         |                |                               |                               | •                       |                                        |  |  |
| Executed on July 26, 2016 Executed on                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                               |                         | Executed       | ,                             |                               |                         |                                        |  |  |
| MM / DD / YYYY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                               |                         |                | MM / DD / YYYY                |                               | MM                      | / DD / YYYY                            |  |  |

Case 16-05754-JMC-7 Doc 1 Filed 07/27/16 EOD 07/27/16 15:32:20 Pg 7 of 54

Debtor 1 Mark A. Gartrell Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Craig C. Parker                    | Date          | July 26, 2016      |
|----------------------------------------|---------------|--------------------|
| Signature of Attorney for Debtor       |               | MM / DD / YYYY     |
| Craig C. Parker                        |               |                    |
| Parker Law, LLC                        |               |                    |
| Firm name                              |               |                    |
| 303 South A Street                     |               |                    |
| Richmond, IN 47374                     |               |                    |
| Number, Street, City, State & ZIP Code |               |                    |
| Contact phone <b>765-373-8065</b>      | Email address | ccparker18@aol.com |
| 25370-89                               |               |                    |
| Bar number & State                     |               | <del></del>        |

|        | Case                         | : 10-05/54-JIVIC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ,-1 DOCT FILEC                                           | 1 01121110          | EOD 01/51/10 T              | 5.32.20       | Py 8          | 01 54                       |
|--------|------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|---------------------|-----------------------------|---------------|---------------|-----------------------------|
| Fill   | in this inform               | nation to identify your                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | case:                                                    |                     |                             |               |               |                             |
| Deb    | otor 1                       | Mark A. Gartrell                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                          |                     |                             |               |               |                             |
| D - I  | 0                            | First Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Middle Name                                              | Last Name           |                             |               |               |                             |
|        | otor 2<br>use if, filing)    | First Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Middle Name                                              | Last Name           |                             |               |               |                             |
| Uni    | ted States Ban               | nkruptcy Court for the:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | SOUTHERN DISTRICT                                        | OF INDIANA          |                             |               |               |                             |
| Cas    | se number                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                          |                     |                             |               |               |                             |
| (if kn | own)                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                          |                     |                             |               | _             | if this is an<br>led filing |
|        |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                          |                     |                             |               | amend         | lea ming                    |
| ∩f     | ficial For                   | rm 106Sum                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                          |                     |                             |               |               |                             |
|        |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | and Liabilities an                                       | nd Certain S        | Statistical Inform          | ation         | 1             | 2/15                        |
|        |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ole. If two married people es first; then complete th    |                     |                             |               |               |                             |
|        |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | new Summary and check                                    |                     |                             | ng amende     | u schedul     | es alter you me             |
| Par    | t 1: Summa                   | arize Your Assets                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                          |                     |                             |               |               |                             |
|        |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                          |                     |                             |               | Your as       |                             |
|        |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                          |                     |                             |               | Value of      | f what you own              |
| 1.     | Schedule A/<br>1a. Copy line | <b>/B: Property</b> (Official Fee 55, Total real estate, f                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | orm 106A/B)<br>rom Schedule A/B                          |                     |                             |               | \$            | 70,000.00                   |
|        | 1b. Copy line                | e 62, Total personal pro                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | perty, from Schedule A/B                                 |                     |                             |               | \$            | 13,525.00                   |
|        | 1c. Copy line                | e 63, Total of all propert                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | y on Schedule A/B                                        |                     |                             |               | \$            | 83,525.00                   |
| Par    | t 2: Summa                   | arize Your Liabilities                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                          |                     |                             |               |               |                             |
|        |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                          |                     |                             |               | Your lia      | hilitios                    |
|        |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                          |                     |                             |               |               | you owe                     |
| 2.     |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | laims Secured by Property<br>mn A, Amount of claim, at t |                     |                             | edule D       | \$            | 66,375.00                   |
| 3.     |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Unsecured Claims (Official 1 (priority unsecured claim   |                     | Schedule E/F                |               | \$            | 0.00                        |
|        | 3b. Copy the                 | e total claims from Part                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 2 (nonpriority unsecured cl                              | laims) from line 6j | of Schedule E/F             |               | \$            | 34,068.65                   |
|        |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                          |                     |                             | Г             |               | ,                           |
|        |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                          |                     | Your total                  | liabilities   | \$            | 100,443.65                  |
|        |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                          |                     |                             | L             |               |                             |
| Par    | t 3: Summa                   | arize Your Income and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Expenses                                                 |                     |                             |               |               |                             |
| 4.     |                              | Your Income (Official Football | orm 106I)<br>ne from line 12 of <i>Schedule</i>          | · I                 |                             |               | \$            | 1,586.80                    |
| 5.     |                              | Your Expenses (Officia nonthly expenses from li                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | l Form 106J)<br>ine 22c of <i>Schedule J</i>             |                     |                             |               | \$            | 2,362.00                    |
| Par    | t 4: Answe                   | r These Questions for                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Administrative and Stati                                 | stical Records      |                             |               |               |                             |
| 6.     | -                            | • • •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | er Chapters 7, 11, or 13?                                | heck this hox and   | submit this form to the co  | urt with you  | r other sch   | edules                      |
|        | ■ Yes                        | a nave nouning to report                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | on and part of the forth. Of                             | SON WING            | Sastin and form to the ou   | mai you       | . 5.1101 5011 |                             |
| 7.     | _                            | of debt do you have?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                          |                     |                             |               |               |                             |
|        | ■ Your de                    | ebts are primarily con                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | sumer debts. Consumer of                                 | debts are those "ir | ncurred by an individual pr | imarily for a | personal,     | family, or                  |

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

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Debtor 1 Mark A. Gartrell Case number (if known)

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

2,689.73

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| From Part 4 on <i>Schedule E/F</i> , copy the following:                                                                     | Total o | laim      |
|------------------------------------------------------------------------------------------------------------------------------|---------|-----------|
| 9a. Domestic support obligations (Copy line 6a.)                                                                             | \$      | 0.00      |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)                                                    | \$      | 0.00      |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)                                          | \$      | 0.00      |
| 9d. Student loans. (Copy line 6f.)                                                                                           | \$      | 12,433.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$      | 0.00      |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$     | 0.00      |
| 9g. <b>Total.</b> Add lines 9a through 9f.                                                                                   | \$      | 12,433.00 |

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| ebtor 1                              | Mark A. Gartrell                                              |                           |                                                                                                                                  |                                                                                                                              |                                                 |                                                                                                                              |                                                                                         |                                           |
|--------------------------------------|---------------------------------------------------------------|---------------------------|----------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|-------------------------------------------|
| ebtor 2                              | First Name                                                    | Middle Name               |                                                                                                                                  | Last Name                                                                                                                    |                                                 |                                                                                                                              |                                                                                         |                                           |
| pouse, if filing)                    | First Name                                                    | Middle Name               | 1                                                                                                                                | Last Name                                                                                                                    |                                                 |                                                                                                                              |                                                                                         |                                           |
| nited States Ba                      | ankruptcy Court for the:                                      | SOUTHERN DIS              | STRICT OF                                                                                                                        | INDIANA                                                                                                                      |                                                 |                                                                                                                              |                                                                                         |                                           |
| ase number                           |                                                               |                           |                                                                                                                                  |                                                                                                                              |                                                 |                                                                                                                              |                                                                                         | if this is a<br>led filing                |
| fficial Fo                           | orm 106A/B                                                    |                           |                                                                                                                                  |                                                                                                                              |                                                 |                                                                                                                              |                                                                                         |                                           |
| chedul                               | le A/B: Prop                                                  | erty                      |                                                                                                                                  |                                                                                                                              |                                                 |                                                                                                                              |                                                                                         | 12/15                                     |
|                                      | e Each Residence, Building                                    |                           |                                                                                                                                  | ou Own or Have an Interest In                                                                                                | ?                                               |                                                                                                                              |                                                                                         |                                           |
| Tes. Where                           | is the property?                                              |                           |                                                                                                                                  |                                                                                                                              |                                                 |                                                                                                                              |                                                                                         |                                           |
| 402 West                             | t <b>Main Street</b><br>s, if available, or other description |                           | Single-fa                                                                                                                        | operty? Check all that apply<br>amily home<br>or multi-unit building                                                         | the amou                                        | educt secured cla<br>unt of any secure<br>s Who Have Clair                                                                   | d claims on Śc                                                                          | chedule D:                                |
| 402 West                             | s, if available, or other description                         |                           | Single-fa  Duplex o  Condomi                                                                                                     | mily home                                                                                                                    | the amou                                        | unt of any secure<br>s Who Have Clair<br>value of the                                                                        | d claims on Śc                                                                          | chedule D:<br>r Property.                 |
| 402 West Street address              | s, if available, or other description                         | <b>857-0000</b> ZIP Code  | Single-fa Duplex o Condomi Manufac Land Investme Timesha Other ho has an int                                                     | amily home or multi-unit building inium or cooperative tured or mobile home ent property re terest in the property? Check on | Current entire pr  Describe (such as a life est | value of the operty? \$70,000.00 e the nature of ye fee simple, ten tate), if known.                                         | d claims on Sc ms Secured by  Current val portion you \$  cour ownershi                 | ue of the own?                            |
| 402 West Street address  Milton City | s, if available, or other description                         | <b>857-0000</b> ZIP Code  | Single-fa Duplex o Condomi  Manufac Land Investme Timesha Other ho has an int                                                    | amily home or multi-unit building inium or cooperative tured or mobile home ent property re erest in the property? Check on  | Current entire pr  Describe (such as            | value of the operty? \$70,000.00 e the nature of ye fee simple, ten tate), if known.                                         | d claims on Sc ms Secured by  Current val portion you \$  cour ownershi                 | ue of the own?                            |
| Street address Milton                | s, if available, or other description                         | 357-0000<br>ZIP Code<br>W | Single-fa Duplex o Condomi Manufac Land Investme Timesha Other ho has an int Debtor 1 Debtor 2 Debtor 1 At least o her informati | amily home or multi-unit building inium or cooperative tured or mobile home ent property re erest in the property? Check on  | Current entire process a life est Fee sin       | value of the roperty? \$70,000.00  e the nature of y fee simple, ten tate), if known.  mple  eck if this is cominstructions) | d claims on Sc ms Secured by  Current val portion you  \$  rour ownershi ancy by the en | ue of the<br>own?<br>70,000.<br>p interes |

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

| Debt          | or 1 N    | lark A. Gartrell                                                         |                                                                    | Case number (if known)                |                                                               |
|---------------|-----------|--------------------------------------------------------------------------|--------------------------------------------------------------------|---------------------------------------|---------------------------------------------------------------|
| 3. <b>C</b> a | rs. vans. | trucks, tractors, sport utility ve                                       | hicles, motorcycles                                                |                                       |                                                               |
| J. <b>J.</b>  | ,,        |                                                                          |                                                                    |                                       |                                                               |
|               | No        |                                                                          |                                                                    |                                       |                                                               |
|               | Yes       |                                                                          |                                                                    |                                       |                                                               |
|               |           |                                                                          |                                                                    |                                       |                                                               |
| 3.1           | Make:     | GMC                                                                      | Who has an interest in the property? Check one                     |                                       | red claims or exemptions. Put                                 |
|               | Model:    | Sonoma                                                                   | ■ Debtor 1 only                                                    |                                       | ecured claims on Schedule D:<br>e Claims Secured by Property. |
|               | Year:     | 2002                                                                     | Debtor 2 only                                                      |                                       |                                                               |
|               |           | nate mileage: 204000                                                     | Debtor 1 and Debtor 2 only                                         | Current value of the entire property? | e Current value of the portion you own?                       |
|               |           | formation:                                                               | ☐ At least one of the debtors and another                          |                                       |                                                               |
|               |           |                                                                          |                                                                    |                                       |                                                               |
|               |           |                                                                          | ☐ Check if this is community property                              | \$3,500.                              | 00 \$3,500.00                                                 |
|               |           |                                                                          | (see instructions)                                                 |                                       |                                                               |
|               |           |                                                                          |                                                                    |                                       |                                                               |
| 3.2           | Make:     | Yamaha                                                                   | Who has an interest in the property? Check one                     |                                       | red claims or exemptions. Put ecured claims on Schedule D:    |
|               | Model:    | Motorcycle                                                               | Debtor 1 only                                                      |                                       | e Claims Secured by Property.                                 |
|               | Year:     | 2014                                                                     | Debtor 2 only                                                      | Current value of th                   | e Current value of the                                        |
|               | Approxir  | nate mileage:                                                            | Debtor 1 and Debtor 2 only                                         | entire property?                      | portion you own?                                              |
|               | Other int | formation:                                                               | ☐ At least one of the debtors and another                          |                                       |                                                               |
|               |           |                                                                          | _                                                                  | 47.000                                |                                                               |
|               |           |                                                                          | ☐ Check if this is community property                              | \$7,000.                              | 00 \$7,000.00                                                 |
|               |           |                                                                          | (see instructions)                                                 |                                       |                                                               |
|               |           |                                                                          | rn for all of your entries from Part 2, including that number here |                                       | \$10,500.00                                                   |
| Part :        | B: Descri | be Your Personal and Household It                                        | ems                                                                |                                       |                                                               |
| Do y          | ou own d  | or have any legal or equitable in                                        | terest in any of the following items?                              |                                       | Current value of the                                          |
|               |           |                                                                          |                                                                    |                                       | portion you own?                                              |
|               |           |                                                                          |                                                                    |                                       | Do not deduct secured claims or exemptions.                   |
|               |           | goods and furnishings                                                    |                                                                    |                                       | diamine of exemptione.                                        |
| _             |           | Major appliances, furniture, linens                                      | , china, kitchenware                                               |                                       |                                                               |
|               | No        |                                                                          |                                                                    |                                       |                                                               |
|               | Yes. De   | scribe                                                                   |                                                                    |                                       |                                                               |
|               |           |                                                                          |                                                                    |                                       | ¢500.00                                                       |
|               |           | miscellaneous                                                            | household goods                                                    |                                       | \$500.00                                                      |
|               |           |                                                                          |                                                                    |                                       |                                                               |
|               | ectronics |                                                                          |                                                                    |                                       |                                                               |
| Ε             |           | Televisions and radios; audio, vid-<br>including cell phones, cameras, n | eo, stereo, and digital equipment; computers, pr                   | rinters, scanners; music co           | llections; electronic devices                                 |
|               | No        | including cell priories, cameras, n                                      | ledia piayers, garries                                             |                                       |                                                               |
|               |           | a selle a                                                                |                                                                    |                                       |                                                               |
| _             | Yes. De   | scribe                                                                   |                                                                    |                                       |                                                               |
|               |           | electronics                                                              |                                                                    |                                       | \$200.00                                                      |
|               |           | 0.00.1011100                                                             |                                                                    |                                       |                                                               |
|               |           |                                                                          |                                                                    |                                       |                                                               |
|               |           | s of value                                                               | prints, or other artwork; books, pictures, or othe                 | ir art objects: stamp, coin, a        | or hasehall card collections:                                 |
| Ŀ             |           | other collections, memorabilia, co                                       |                                                                    | art objects, starrip, colli, (        | n basebali cara collections,                                  |
|               | No        | ,                                                                        |                                                                    |                                       |                                                               |
|               | Yes. De   | scribe                                                                   |                                                                    |                                       |                                                               |
|               |           |                                                                          |                                                                    |                                       |                                                               |

| Debtor 1     | Mark A. Gart                                | trell Case number (ii                                                                             | f known)                                                                          |
|--------------|---------------------------------------------|---------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
|              |                                             |                                                                                                   |                                                                                   |
|              |                                             | books, pictures and cd's                                                                          | \$100.00                                                                          |
| Exam<br>□ No | musical instr                               | graphic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis;            | canoes and kayaks; carpentry tools;                                               |
|              |                                             | sporting equipment                                                                                | \$300.00                                                                          |
| □ No         | mples: Pistols, rifles                      | s, shotguns, ammunition, and related equipment                                                    |                                                                                   |
|              |                                             | one shotgun; one rifle                                                                            | \$150.00                                                                          |
| □ No         | mples: Everyday cl                          | othes, furs, leather coats, designer wear, shoes, accessories                                     |                                                                                   |
|              |                                             | wearing apparel                                                                                   | \$500.00                                                                          |
| □ No         | mples: Everyday je                          | welry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches,               | gems, gold, silver                                                                |
|              |                                             | jewelry                                                                                           | \$50.00                                                                           |
| Exai<br>□ No | farm animals mples: Dogs, cats, s. Describe | birds, horses                                                                                     |                                                                                   |
|              |                                             | cats                                                                                              | \$0.00                                                                            |
| ■ No         | -                                           | d household items you did not already list, including any health aids you did no                  | ot list                                                                           |
|              |                                             | of all of your entries from Part 3, including any entries for pages you have attac<br>number here | hed \$1,800.00                                                                    |
|              | Describe Your Finan                         |                                                                                                   |                                                                                   |
| Do you       | own or have any l                           | egal or equitable interest in any of the following?                                               | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| ■ No         |                                             | have in your wallet, in your home, in a safe deposit box, and on hand when you file yo            | our petition                                                                      |

Official Form 106A/B Schedule A/B: Property

page 3

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| D   | ebtor 1 Mark A. Gartr                                    | A. Gartrell Case number (if known) |                                |                    |                                                                                                             |                          |
|-----|----------------------------------------------------------|------------------------------------|--------------------------------|--------------------|-------------------------------------------------------------------------------------------------------------|--------------------------|
| 17. | institutions. It                                         |                                    | or other financial accounts wi |                    | of deposit; shares in credit unions, brokerage hous stitution, list each.                                   | ses, and other similar   |
|     | □ No ■ Yes                                               |                                    |                                | Institution        | name:                                                                                                       |                          |
|     |                                                          | 17.1.                              | checking account               | US Bank            | (                                                                                                           | \$750.00                 |
| 18. | Bonds, mutual funds, o                                   |                                    |                                | rage firms, mo     | oney market accounts                                                                                        |                          |
|     | ■ No<br>□ Yes                                            |                                    | Institution or issuer nar      | me:                |                                                                                                             |                          |
| 19. |                                                          | ck and                             | interests in incorpora         | ted and unine      | corporated businesses, including an interest in                                                             | an LLC, partnership, and |
|     | ■ No                                                     |                                    |                                |                    |                                                                                                             |                          |
|     | ☐ Yes. Give specific info                                | rmation                            | about them                     |                    |                                                                                                             |                          |
|     |                                                          | Na                                 | me of entity:                  |                    | % of ownership:                                                                                             |                          |
| 20. |                                                          | nclude                             | personal checks, cashie        | ers' checks, pre   | negotiable instruments<br>omissory notes, and money orders.<br>e by signing or delivering them.             |                          |
|     | No                                                       |                                    |                                |                    |                                                                                                             |                          |
|     | ☐ Yes. Give specific infor                               |                                    |                                |                    |                                                                                                             |                          |
|     |                                                          | ISS                                | uer name:                      |                    |                                                                                                             |                          |
| 21. | Retirement or pension a<br>Examples: Interests in IF     |                                    |                                | (b), thrift savin  | gs accounts, or other pension or profit-sharing plar                                                        | าร                       |
|     | ■ No                                                     |                                    |                                |                    |                                                                                                             |                          |
|     | ☐ Yes. List each account                                 |                                    | tely.<br>of account:           | Institution        | name:                                                                                                       |                          |
| 22. |                                                          | l deposi                           | ts you have made so th         | blic utilities (el | ntinue service or use from a company ectric, gas, water), telecommunications companies, name or individual: | , or others              |
|     | _ 103                                                    |                                    |                                |                    |                                                                                                             |                          |
|     |                                                          | utilit                             | у                              | Vectren            |                                                                                                             | \$175.00                 |
| 23. | _ `                                                      | a perio                            | dic payment of money t         | o you, either fo   | or life or for a number of years)                                                                           |                          |
|     | ■ No<br>□ Yes Iss                                        | uer nam                            | ne and description.            |                    |                                                                                                             |                          |
| 24. | 26 U.S.C. §§ 530(b)(1), 5                                |                                    |                                | lified ABLE p      | rogram, or under a qualified state tuition progra                                                           | ım.                      |
|     | ■ No<br>□ Yes Ins                                        | titution                           | name and description. S        | Separately file    | the records of any interests.11 U.S.C. § 521(c):                                                            |                          |
| 25. | _ ' '                                                    | ure inte                           | rests in property (other       | er than anythi     | ing listed in line 1), and rights or powers exercis                                                         | sable for your benefit   |
|     | <ul><li>■ No</li><li>☐ Yes. Give specific info</li></ul> | rmation                            | about them                     |                    |                                                                                                             |                          |
| 26  | _ ′                                                      |                                    |                                |                    | tual property<br>and licensing agreements                                                                   |                          |
|     | ■ No □ Yes. Give specific info                           | rmation                            | about them                     |                    |                                                                                                             |                          |
| 27. | Licenses, franchises, a<br>Examples: Building pern       |                                    |                                | ative association  | on holdings, liquor licenses, professional licenses                                                         |                          |
|     | <ul><li>■ No</li><li>□ Yes. Give specific info</li></ul> | rmation                            | about them                     |                    |                                                                                                             |                          |

☐ Yes. Describe each claim.......

35. Any financial assets you did not already list

■ No

☐ Yes. Give specific information..

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here......

\$1,225.00

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

37. Do you own or have any legal or equitable interest in any business-related property?

No. Go to Part 6.

☐ Yes. Go to line 38.

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| Debt         | or 1  | Mark A. Gartrell                                                                                                           |                        | Case number (if known)       |             |
|--------------|-------|----------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------------|-------------|
| Part         |       | Describe Any Farm- and Commercial Fishing-Related Property You you own or have an interest in farmland, list it in Part 1. | Own or Have an Interes | st In.                       |             |
| 46. <b>C</b> | o yo  | ou own or have any legal or equitable interest in any farm-                                                                | or commercial fishin   | g-related property?          |             |
|              | N     | o. Go to Part 7.                                                                                                           |                        |                              |             |
|              | □ Ye  | es. Go to line 47.                                                                                                         |                        |                              |             |
| Part         | 7:    | Describe All Property You Own or Have an Interest in That You                                                              | Did Not List Above     |                              |             |
|              |       | ou have other property of any kind you did not already list?  nples: Season tickets, country club membership               | •                      |                              |             |
|              | No    |                                                                                                                            |                        |                              |             |
|              | l Yes | s. Give specific information                                                                                               |                        |                              |             |
| 54.          |       | the dollar value of all of your entries from Part 7. Write the                                                             | at number here         |                              | \$0.00      |
| 55.          | Part  | t 1: Total real estate, line 2                                                                                             |                        |                              | \$70,000.00 |
| 56.          | Part  | 2: Total vehicles, line 5                                                                                                  | \$10,500.00            |                              | · ,         |
| 57.          | Part  | 3: Total personal and household items, line 15                                                                             | \$1,800.00             |                              |             |
| 58.          | Part  | t 4: Total financial assets, line 36                                                                                       | \$1,225.00             |                              |             |
| 59.          | Part  | t 5: Total business-related property, line 45                                                                              | \$0.00                 |                              |             |
| 60.          | Part  | t 6: Total farm- and fishing-related property, line 52                                                                     | \$0.00                 |                              |             |
| 61.          | Part  | t 7: Total other property not listed, line 54 +                                                                            | \$0.00                 |                              |             |
| 62.          | Tota  | al personal property. Add lines 56 through 61                                                                              | \$13,525.00            | Copy personal property total | \$13,525.00 |
| 63.          | Tota  | al of all property on Schedule A/B. Add line 55 + line 62                                                                  |                        |                              | \$83,525.00 |

| Debtor 1            | Mark A. Gartrell         |                   |                 | -                                    |
|---------------------|--------------------------|-------------------|-----------------|--------------------------------------|
| Debtor 1            | First Name               | Middle Name       | Last Name       |                                      |
| Debtor 2            |                          |                   |                 |                                      |
| (Spouse if, filing) | First Name               | Middle Name       | Last Name       |                                      |
| United States Ba    | ankruptcy Court for the: | SOUTHERN DISTRICT | OF INDIANA      |                                      |
| Case number         |                          |                   |                 |                                      |
| (if known)          |                          |                   |                 | ☐ Check if this is an amended filing |
| Official Fo         | orm 106C                 |                   |                 |                                      |
|                     |                          |                   | _               |                                      |
|                     | $\sim C$ . The D         | onarty Vali (     | Claim as Exempt | 4/1                                  |

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Pa                                                                                                    | rt 1: Identify the Property You Claim as Exempt                                                                                               |  |  |  |  |  |  |
|-------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|
| 1.                                                                                                    | Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.                                             |  |  |  |  |  |  |
|                                                                                                       | ■ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)                                                          |  |  |  |  |  |  |
| ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)                                          |                                                                                                                                               |  |  |  |  |  |  |
| 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below. |                                                                                                                                               |  |  |  |  |  |  |
|                                                                                                       | Brief description of the property and line on   Current value of the   Amount of the exemption you claim   Specific laws that allow exemption |  |  |  |  |  |  |

| Current value of the portion you own | Amount of the exemption you claim |                                                                 | Specific laws that allow exemption                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|--------------------------------------|-----------------------------------|-----------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Copy the value from<br>Schedule A/B  | Che                               | ck only one box for each exemption.                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| \$70,000.00                          |                                   | \$11,213.00                                                     | Ind. Code § 34-55-10-2(c)(1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                                      |                                   | 100% of fair market value, up to any applicable statutory limit |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| \$3,500.00                           |                                   | \$3,500.00                                                      | Ind. Code § 34-55-10-2(c)(2)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                                      |                                   | 100% of fair market value, up to any applicable statutory limit |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| \$7,000.00                           |                                   | \$0.00                                                          | Ind. Code § 34-55-10-2(c)(2)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                                      |                                   | 100% of fair market value, up to any applicable statutory limit |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| \$500.00                             |                                   | \$500.00                                                        | Ind. Code § 34-55-10-2(c)(2)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                                      |                                   | 100% of fair market value, up to any applicable statutory limit |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| \$200.00                             |                                   | \$200.00                                                        | Ind. Code § 34-55-10-2(c)(2)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                                      |                                   | 100% of fair market value, up to any applicable statutory limit |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                                      | \$70,000.00 \$7,000.00 \$500.00   | \$70,000.00                                                     | \$70,000.00  \$11,213.00  \$11,213.00  \$100% of fair market value, up to any applicable statutory limit  \$7,000.00  \$7,000.00  \$100% of fair market value, up to any applicable statutory limit  \$7,000.00  \$100% of fair market value, up to any applicable statutory limit  \$100% of fair market value, up to any applicable statutory limit  \$100% of fair market value, up to any applicable statutory limit  \$100% of fair market value, up to any applicable statutory limit  \$200.00  \$200.00  \$200.00  \$100% of fair market value, up to any applicable statutory limit |

Official Form 106C

# Case 16-05754-JMC-7 Doc 1 Filed 07/27/16 EOD 07/27/16 15:32:20 Pg 17 of 54

| Debtor 1 | Mark A. Gartrell                                                              |                                      |         | Case number (if known)                                          |                                    |
|----------|-------------------------------------------------------------------------------|--------------------------------------|---------|-----------------------------------------------------------------|------------------------------------|
|          | of description of the property and line on edule A/B that lists this property | Current value of the portion you own |         | ount of the exemption you claim                                 | Specific laws that allow exemption |
|          |                                                                               | Copy the value from<br>Schedule A/B  | CHE     | eck only one box for each exemption.                            |                                    |
|          | oks, pictures and cd's e from Schedule A/B: 8.1                               | \$100.00                             |         | \$100.00                                                        | Ind. Code § 34-55-10-2(c)(2)       |
| 2        | 7 I.S.I.I. GO/GOUGHO / N.S.I. <b>S.I.</b>                                     |                                      |         | 100% of fair market value, up to any applicable statutory limit |                                    |
|          | orting equipment                                                              | \$300.00                             |         | \$300.00                                                        | Ind. Code § 34-55-10-2(c)(2)       |
| 2        | 7 I.S.I.I. GO/GOUGHO / V.S.I. <b>3.1</b>                                      |                                      |         | 100% of fair market value, up to any applicable statutory limit |                                    |
|          | e shotgun; one rifle<br>e from Schedule A/B: 10.1                             | \$150.00                             |         | \$150.00                                                        | Ind. Code § 34-55-10-2(c)(2)       |
| 2        | , 1.6.11 GG/GGG/G / V.S. 1.911                                                |                                      |         | 100% of fair market value, up to any applicable statutory limit |                                    |
|          | aring apparel e from Schedule A/B: 11.1                                       | \$500.00                             |         | \$500.00                                                        | Ind. Code § 34-55-10-2(c)(2)       |
| Line     | s nom concuare A/D. TTT                                                       |                                      |         | 100% of fair market value, up to any applicable statutory limit |                                    |
| •        | relry<br>e from <i>Schedule A/B</i> : <b>12.1</b>                             | \$50.00                              |         | \$50.00                                                         | Ind. Code § 34-55-10-2(c)(2)       |
| Line     | Tiom Concedure 70 E. 1 = 1                                                    |                                      |         | 100% of fair market value, up to any applicable statutory limit |                                    |
| cat      | s<br>e from Schedule A/B: 13.1                                                | \$0.00                               |         | \$0.00                                                          | Ind. Code § 34-55-10-2(c)(2)       |
| Line     | Tiom Conceded V.D. 1911                                                       |                                      |         | 100% of fair market value, up to any applicable statutory limit |                                    |
|          | ecking account: US Bank                                                       | \$750.00                             |         | \$400.00                                                        | Ind. Code § 34-55-10-2(c)(3)       |
| Lille    | s IIIIII Scriedule A.B. 1111                                                  |                                      |         | 100% of fair market value, up to any applicable statutory limit |                                    |
|          | deral and State: 2016<br>e from Schedule A/B: 28.1                            | \$300.00                             |         | \$0.00                                                          | Ind. Code § 34-55-10-2(c)(3)       |
| Line     | s nom conclude A/D. 25.1                                                      |                                      |         | 100% of fair market value, up to any applicable statutory limit |                                    |
|          | you claiming a homestead exemption                                            |                                      |         | lad on or offer the date of adjustment                          | √ \                                |
| (Su      | bject to adjustment on 4/01/19 and every<br>No                                | o years after that for ca            | ises fl | ied on or alter the date of adjustmen                           | н.,                                |
|          | Yes. Did you acquire the property cover                                       | red by the exemption wi              | thin 1  | ,215 days before you filed this case                            | ?                                  |
|          | □ No                                                                          |                                      |         |                                                                 |                                    |
|          | ☐ Yes                                                                         |                                      |         |                                                                 |                                    |

| Fill in this information to identify              | your case:                                                                                                           |                                      |                                        |                   |  |
|---------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|--------------------------------------|----------------------------------------|-------------------|--|
| Debtor 1 Mark A. Gar                              | troll                                                                                                                |                                      |                                        |                   |  |
| First Name                                        | Middle Name Last Nam                                                                                                 | e                                    | -                                      |                   |  |
| Debtor 2                                          |                                                                                                                      |                                      |                                        |                   |  |
| (Spouse if, filing) First Name                    | Middle Name Last Nam                                                                                                 | е                                    | _                                      |                   |  |
| United States Bankruptcy Court for                | the: SOUTHERN DISTRICT OF INDIANA                                                                                    |                                      |                                        |                   |  |
| Office States Bankruptey Court for                | the. Gootherwood indiana                                                                                             |                                      | -                                      |                   |  |
| Case number                                       |                                                                                                                      |                                      |                                        |                   |  |
| (if known)                                        |                                                                                                                      |                                      | ☐ Check                                | if this is an     |  |
|                                                   |                                                                                                                      |                                      | amend                                  | ded filing        |  |
| 000 1 1 5 1000                                    |                                                                                                                      |                                      |                                        |                   |  |
| Official Form 106D                                |                                                                                                                      |                                      |                                        |                   |  |
| Schedule D: Credito                               | ors Who Have Claims Secu                                                                                             | red by Propert                       | :V                                     | 12/15             |  |
|                                                   |                                                                                                                      | <u> </u>                             |                                        |                   |  |
|                                                   | ible. If two married people are filing together, both a<br>ill it out, number the entries, and attach it to this for |                                      |                                        |                   |  |
| number (if known).                                | in it out, number the entires, and attach it to this for                                                             | in. On the top of any addition       | mai pages, write your na               | ille alla case    |  |
| 1. Do any creditors have claims secure            | ed by your property?                                                                                                 |                                      |                                        |                   |  |
| ☐ No. Check this box and sub                      | mit this form to the court with your other schedule                                                                  | s. You have nothing else             | to report on this form.                |                   |  |
| _                                                 | •                                                                                                                    |                                      |                                        |                   |  |
| Yes. Fill in all of the information               | tion below.                                                                                                          |                                      |                                        |                   |  |
| Part 1: List All Secured Claims                   | S                                                                                                                    | 0.1                                  | 0.1.                                   | 0.1.0             |  |
|                                                   | has more than one secured claim, list the creditor separ                                                             |                                      | Column B                               | Column C          |  |
|                                                   | or has a particular claim, list the other creditors in Part 2. abetical order according to the creditor's name.      | As Amount of claim Do not deduct the | Value of collateral that supports this | Unsecured portion |  |
| much as possible, list the claims in alpha        | abelical order according to the creator 3 hame.                                                                      | value of collateral.                 | claim                                  | If any            |  |
| 2.1 Cap1/ymaha                                    | Describe the property that secures the claim:                                                                        | \$7,588.00                           | \$7,000.00                             | \$588.00          |  |
| Creditor's Name                                   | 2014 Yamaha Motorcycle                                                                                               |                                      |                                        |                   |  |
|                                                   |                                                                                                                      |                                      |                                        |                   |  |
| 26525 N Riverwoods                                | As of the date you file, the claim is: Check all the                                                                 | l<br>at                              |                                        |                   |  |
| Blvd<br>Mettowa II 60045                          | apply.                                                                                                               |                                      |                                        |                   |  |
| Mettawa, IL 60045                                 | Contingent                                                                                                           |                                      |                                        |                   |  |
| Number, Street, City, State & Zip Code            |                                                                                                                      |                                      |                                        |                   |  |
| Who arrest the debt 2 O                           | Disputed                                                                                                             |                                      |                                        |                   |  |
| Who owes the debt? Check one.                     | Nature of lien. Check all that apply.                                                                                |                                      |                                        |                   |  |
| Debtor 1 only                                     |                                                                                                                      | or secured                           |                                        |                   |  |
| Debtor 2 only                                     | —                                                                                                                    |                                      |                                        |                   |  |
| Debtor 1 and Debtor 2 only                        | Statutory lien (such as tax lien, mechanic's lie                                                                     | n)                                   |                                        |                   |  |
| ☐ At least one of the debtors and anoth           | •                                                                                                                    |                                      |                                        |                   |  |
| ☐ Check if this claim relates to a community debt | Other (including a right to offset)                                                                                  |                                      |                                        |                   |  |
| community debt                                    |                                                                                                                      |                                      |                                        |                   |  |
| Opened                                            |                                                                                                                      |                                      |                                        |                   |  |
| 7/01/13                                           |                                                                                                                      |                                      |                                        |                   |  |
| Last Acti                                         | 40                                                                                                                   | 00                                   |                                        |                   |  |
| Date debt was incurred 4/22/16                    | Last 4 digits of account number 18                                                                                   | 89                                   |                                        |                   |  |
|                                                   |                                                                                                                      |                                      |                                        |                   |  |
| 2.2 First Bank Richmond                           | Describe the property that secures the claim:                                                                        | \$48,965.00                          | \$70,000.00                            | \$0.00            |  |
| Creditor's Name                                   | 402 West Main Street Milton, IN                                                                                      |                                      |                                        |                   |  |
|                                                   | 47357 Wayne County                                                                                                   |                                      |                                        |                   |  |
| 20 N 04h C4                                       | As of the date you file, the claim is: Check all the                                                                 | l<br>at                              |                                        |                   |  |
| 20 N 9th St                                       | apply.                                                                                                               |                                      |                                        |                   |  |
| Richmond, IN 47374                                | Contingent                                                                                                           |                                      |                                        |                   |  |
| Number, Street, City, State & Zip Code            |                                                                                                                      |                                      |                                        |                   |  |
| Who owes the debt? Check one.                     | ☐ Disputed  Nature of lien. Check all that apply.                                                                    |                                      |                                        |                   |  |
|                                                   |                                                                                                                      | ar accured                           |                                        |                   |  |
| Debtor 1 only                                     | An agreement you made (such as mortgage of car loan)                                                                 | or secured                           |                                        |                   |  |
| Debtor 2 only                                     | _                                                                                                                    |                                      |                                        |                   |  |
| Debtor 1 and Debtor 2 only                        | ☐ Statutory lien (such as tax lien, mechanic's lie                                                                   | n)                                   |                                        |                   |  |
| ☐ At least one of the debtors and anoth           | her                                                                                                                  |                                      |                                        |                   |  |

Official Form 106D

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| Debtor 1 Mark A. G                     | artrell                             |                                                               | Case            | e number (if know) |             |        |
|----------------------------------------|-------------------------------------|---------------------------------------------------------------|-----------------|--------------------|-------------|--------|
| First Name                             | Middle N                            | ame Last Name                                                 |                 | -                  |             |        |
| ☐ Check if this claim recommunity debt | elates to a                         | Other (including a right to offset)                           |                 |                    |             |        |
| Date debt was incurred                 | Opened 3/01/08 Last Active 12/22/15 | Last 4 digits of account number                               | 0001            |                    |             |        |
| 2.3 First Bank Ric                     | hmond                               | Describe the property that secures the                        | claim:          | \$9,822.00         | \$70,000.00 | \$0.00 |
| Creditor's Name                        |                                     | 402 West Main Street Milton, IN 47357 Wayne County            | I               |                    |             | · ·    |
| 20 N 9th St<br>Richmond, IN            | 47374                               | As of the date you file, the claim is: Checapply.  Contingent | k all that      |                    |             |        |
| Number, Street, City, S                | State & Zip Code                    | ☐ Unliquidated ☐ Disputed                                     |                 |                    |             |        |
| Who owes the debt?                     | Check one.                          | Nature of lien. Check all that apply.                         |                 |                    |             |        |
| ■ Debtor 1 only □ Debtor 2 only        |                                     | ☐ An agreement you made (such as mort car loan)               | gage or secured |                    |             |        |
| ☐ Debtor 1 and Debtor 2                | 2 only                              | ☐ Statutory lien (such as tax lien, mechan                    | ic's lien)      |                    |             |        |
| ☐ At least one of the deb              | otors and another                   | ☐ Judgment lien from a lawsuit                                |                 |                    |             |        |
| Check if this claim recommunity debt   | elates to a                         | Other (including a right to offset)                           |                 |                    |             |        |
| Par lite action 1                      | Opened<br>3/01/08<br>Last Active    |                                                               | 0001            |                    |             |        |
| Date debt was incurred                 | 12/22/15                            | Last 4 digits of account number                               | 0001            |                    |             |        |
|                                        |                                     |                                                               |                 |                    | <b></b>     |        |
|                                        | •                                   | olumn A on this page. Write that number                       | here:           | \$66,375.00        | <u>D</u>    |        |
| Write that number her                  | •                                   | the dollar value totals from all pages.                       |                 | \$66,375.00        | )           |        |

### Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

|                                                                      |                                                                                                                                                                                                                       |                                                                                                                      |                                                                                                             |                                                                                    |                                                   | · ·                                        |                                                |
|----------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|---------------------------------------------------|--------------------------------------------|------------------------------------------------|
| Fill in this                                                         | s information to identify your c                                                                                                                                                                                      | ase:                                                                                                                 |                                                                                                             |                                                                                    |                                                   |                                            |                                                |
| Debtor 1                                                             | Mark A. Gartrell                                                                                                                                                                                                      |                                                                                                                      |                                                                                                             |                                                                                    |                                                   |                                            |                                                |
| DCDIOI 1                                                             | First Name                                                                                                                                                                                                            | Middle Name                                                                                                          | Last Name                                                                                                   |                                                                                    |                                                   |                                            |                                                |
| Debtor 2                                                             |                                                                                                                                                                                                                       |                                                                                                                      |                                                                                                             |                                                                                    |                                                   |                                            |                                                |
| (Spouse if, fil                                                      | ling) First Name                                                                                                                                                                                                      | Middle Name                                                                                                          | Last Name                                                                                                   |                                                                                    |                                                   |                                            |                                                |
| United Sta                                                           | ates Bankruptcy Court for the:                                                                                                                                                                                        | SOUTHERN DISTRIC                                                                                                     | T OF INDIANA                                                                                                |                                                                                    |                                                   |                                            |                                                |
| Case num                                                             | nber                                                                                                                                                                                                                  |                                                                                                                      |                                                                                                             |                                                                                    |                                                   |                                            |                                                |
| (if known)                                                           |                                                                                                                                                                                                                       | <del></del>                                                                                                          |                                                                                                             |                                                                                    |                                                   | Check if t                                 | his is an                                      |
|                                                                      |                                                                                                                                                                                                                       |                                                                                                                      |                                                                                                             |                                                                                    |                                                   | amended                                    | filing                                         |
| Official                                                             | Form 106E/F                                                                                                                                                                                                           |                                                                                                                      |                                                                                                             |                                                                                    |                                                   |                                            |                                                |
|                                                                      | ule E/F: Creditors W                                                                                                                                                                                                  | ho Have Unsec                                                                                                        | ured Claims                                                                                                 |                                                                                    |                                                   |                                            | 12/15                                          |
| any execut<br>Schedule G<br>Schedule D<br>left. Attach<br>name and c | plete and accurate as possible. Use ory contracts or unexpired leases to Executory Contracts and Unexpired Contracts and Unexpired Continuation Page to this page case number (if known).                             | hat could result in a clair<br>red Leases (Official Form<br>red by Property. If more s<br>s. If you have no informat | <ul> <li>n. Also list executory cont<br/>106G). Do not include any<br/>space is needed, copy the</li> </ul> | tracts on Schedule A/B:<br>creditors with partially<br>Part you need, fill it out, | Property (Office<br>secured claim<br>number the e | cial Form 1<br>is that are<br>ntries in th | 106A/B) and on<br>listed in<br>he boxes on the |
| Part 1:                                                              | List All of Your PRIORITY Uns                                                                                                                                                                                         |                                                                                                                      |                                                                                                             |                                                                                    |                                                   |                                            |                                                |
|                                                                      | y creditors have priority unsecured . Go to Part 2.                                                                                                                                                                   | ciaims against you?                                                                                                  |                                                                                                             |                                                                                    |                                                   |                                            |                                                |
| ■ Ye:                                                                |                                                                                                                                                                                                                       |                                                                                                                      |                                                                                                             |                                                                                    |                                                   |                                            |                                                |
| identify<br>possib<br>Part 1.                                        | Il of your priority unsecured claims<br>y what type of claim it is. If a claim has<br>le, list the claims in alphabetical order<br>. If more than one creditor holds a par<br>n explanation of each type of claim, se | s both priority and nonpriori<br>according to the creditor's<br>ticular claim, list the other of                     | ty amounts, list that claim he<br>name. If you have more tha<br>creditors in Part 3.                        | ere and show both priority<br>in two priority unsecured o                          | and nonpriority<br>laims, fill out th             | amounts. A                                 | As much as ation Page of                       |
|                                                                      |                                                                                                                                                                                                                       |                                                                                                                      |                                                                                                             | Total claim                                                                        | Priority<br>amount                                |                                            | lonpriority<br>mount                           |
|                                                                      | ora Cox                                                                                                                                                                                                               | Last 4 digits                                                                                                        | of account number                                                                                           | \$0.00                                                                             | <u> </u>                                          | \$0.00                                     | \$0.00                                         |
| 3                                                                    | riority Creditor's Name 398 Salisbury Road, Lot 64 Lichmond, IN 47374                                                                                                                                                 | When was the                                                                                                         | e debt incurred?                                                                                            |                                                                                    | _                                                 |                                            |                                                |
|                                                                      | umber Street City State Zlp Code                                                                                                                                                                                      | As of the date                                                                                                       | e you file, the claim is: Che                                                                               | eck all that apply                                                                 |                                                   |                                            |                                                |
| Who                                                                  | incurred the debt? Check one.                                                                                                                                                                                         | ☐ Contingen                                                                                                          | ŧ                                                                                                           |                                                                                    |                                                   |                                            |                                                |
| ■ D                                                                  | ebtor 1 only                                                                                                                                                                                                          | ☐ Unliquidate                                                                                                        | ∍d                                                                                                          |                                                                                    |                                                   |                                            |                                                |
| □ D                                                                  | ebtor 2 only                                                                                                                                                                                                          | ☐ Disputed                                                                                                           |                                                                                                             |                                                                                    |                                                   |                                            |                                                |
| □D                                                                   | ebtor 1 and Debtor 2 only                                                                                                                                                                                             | Type of PRIO                                                                                                         | RITY unsecured claim:                                                                                       |                                                                                    |                                                   |                                            |                                                |
| □ A                                                                  | t least one of the debtors and another                                                                                                                                                                                | ■ Domestic s                                                                                                         | support obligations                                                                                         |                                                                                    |                                                   |                                            |                                                |
| □с                                                                   | heck if this claim is for a commun                                                                                                                                                                                    | ty debt                                                                                                              | certain other debts you owe                                                                                 | the government                                                                     |                                                   |                                            |                                                |
|                                                                      | e claim subject to offset?                                                                                                                                                                                            | ☐ Claims for                                                                                                         | death or personal injury whil                                                                               | le you were intoxicated                                                            |                                                   |                                            |                                                |
| ■ N                                                                  |                                                                                                                                                                                                                       | ☐ Other. Spe                                                                                                         |                                                                                                             |                                                                                    |                                                   |                                            |                                                |
| □ Y                                                                  | es                                                                                                                                                                                                                    |                                                                                                                      | child support                                                                                               |                                                                                    |                                                   |                                            |                                                |
| Part 2:                                                              | List All of Your NONPRIORITY                                                                                                                                                                                          | Unsecured Claims                                                                                                     |                                                                                                             |                                                                                    |                                                   |                                            |                                                |
| 3. Do an                                                             | y creditors have nonpriority unsect                                                                                                                                                                                   | ured claims against you?                                                                                             |                                                                                                             |                                                                                    |                                                   |                                            |                                                |
| □ No                                                                 | . You have nothing to report in this pa                                                                                                                                                                               | rt. Submit this form to the o                                                                                        | ourt with your other schedul                                                                                | les.                                                                               |                                                   |                                            |                                                |
| Yes                                                                  | S.                                                                                                                                                                                                                    |                                                                                                                      |                                                                                                             |                                                                                    |                                                   |                                            |                                                |
| unsecu                                                               | I of your nonpriority unsecured cla<br>ured claim, list the creditor separately<br>ne creditor holds a particular claim, lis                                                                                          | for each claim. For each cl                                                                                          | aim listed, identify what type                                                                              | of claim it is. Do not list of                                                     | laims already ir                                  | ncluded in F                               | Part 1. If more                                |

Total claim

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| Debt | or 1 Mark A. Gartrell                                                                  |                                                                     | Case number (if know)                        |            |  |  |  |
|------|----------------------------------------------------------------------------------------|---------------------------------------------------------------------|----------------------------------------------|------------|--|--|--|
|      | American Coradius International                                                        |                                                                     |                                              |            |  |  |  |
| 4.1  | LLC                                                                                    | Last 4 digits of account number                                     | 8757                                         | \$0.00     |  |  |  |
|      | Nonpriority Creditor's Name<br>2420 Sweet Home Rd., Ste. 150<br>Buffalo, NY 14228-2244 | When was the debt incurred?                                         | 9/15                                         |            |  |  |  |
|      | Number Street City State Zlp Code                                                      | As of the date you file, the claim                                  | s: Check all that apply                      |            |  |  |  |
|      | Who incurred the debt? Check one.                                                      |                                                                     |                                              |            |  |  |  |
|      | Debtor 1 only                                                                          | ☐ Contingent                                                        |                                              |            |  |  |  |
|      | Debtor 2 only                                                                          | ☐ Unliquidated                                                      |                                              |            |  |  |  |
|      | Debtor 1 and Debtor 2 only                                                             | ☐ Disputed                                                          |                                              |            |  |  |  |
|      | At least one of the debtors and another                                                | Type of NONPRIORITY unsecure                                        | d claim:                                     |            |  |  |  |
|      | ☐ Check if this claim is for a community                                               | ☐ Student loans                                                     |                                              |            |  |  |  |
|      | debt Is the claim subject to offset?                                                   | Obligations arising out of a separeport as priority claims          | ration agreement or divorce that you did not |            |  |  |  |
|      | ■ No                                                                                   | Debts to pension or profit-sharing                                  | g plans, and other similar debts             |            |  |  |  |
|      | Yes                                                                                    | Other. Specify notice only                                          |                                              |            |  |  |  |
| 4.2  | Atlas Collections Inc. Nonpriority Creditor's Name                                     | Last 4 digits of account number                                     |                                              | \$1,027.45 |  |  |  |
|      | PO Box 688                                                                             | When was the debt incurred?                                         | 10/15                                        |            |  |  |  |
|      | 1411 Broad Street                                                                      |                                                                     |                                              |            |  |  |  |
|      | New Castle, IN 47362  Number Street City State Zlp Code                                | As of the date you file, the claim                                  | e. Chock all that apply                      |            |  |  |  |
|      | Who incurred the debt? Check one.                                                      | As of the date you me, the claim                                    | s. Check all that apply                      |            |  |  |  |
|      | ■ Debtor 1 only                                                                        | ☐ Contingent                                                        |                                              |            |  |  |  |
|      | Debtor 2 only                                                                          | ☐ Unliquidated                                                      |                                              |            |  |  |  |
|      | Debtor 1 and Debtor 2 only                                                             | ☐ Disputed                                                          |                                              |            |  |  |  |
|      | ☐ At least one of the debtors and another                                              |                                                                     | Type of NONPRIORITY unsecured claim:         |            |  |  |  |
|      | ☐ Check if this claim is for a community                                               | ☐ Student loans                                                     |                                              |            |  |  |  |
|      | debt                                                                                   | Obligations arising out of a sepa                                   | ration agreement or divorce that you did not |            |  |  |  |
|      | Is the claim subject to offset?                                                        | report as priority claims                                           |                                              |            |  |  |  |
|      | ■ No                                                                                   | Debts to pension or profit-sharing                                  | g plans, and other similar debts             |            |  |  |  |
|      | Yes                                                                                    | Other. Specify medical                                              |                                              |            |  |  |  |
| 4.3  | Barclays Bank Delaware                                                                 | Last 4 digits of account number                                     | 5983                                         | \$687.00   |  |  |  |
|      | Nonpriority Creditor's Name                                                            |                                                                     | Opened 10/01/12 Last Active                  |            |  |  |  |
|      | Po Box 8803                                                                            | When was the debt incurred?                                         | 8/17/15                                      |            |  |  |  |
|      | Wilmington, DE 19899                                                                   | _                                                                   |                                              |            |  |  |  |
|      | Number Street City State ZIp Code                                                      | As of the date you file, the claim                                  | s: Check all that apply                      |            |  |  |  |
|      | Who incurred the debt? Check one.                                                      | _                                                                   |                                              |            |  |  |  |
|      | ■ Debtor 1 only                                                                        | Contingent                                                          |                                              |            |  |  |  |
|      | Debtor 2 only                                                                          | Unliquidated                                                        |                                              |            |  |  |  |
|      | Debtor 1 and Debtor 2 only                                                             | · · · · · · · · · · · · · · · · · · ·                               | ☐ Disputed                                   |            |  |  |  |
|      | At least one of the debtors and another                                                | Type of NONPRIORITY unsecure                                        | a ciaim:                                     |            |  |  |  |
|      | ☐ Check if this claim is for a community debt                                          | ·                                                                   |                                              |            |  |  |  |
|      | Is the claim subject to offset?                                                        | Obligations arising out of a separeport as priority claims          |                                              |            |  |  |  |
|      | ■ No                                                                                   | ☐ Debts to pension or profit-sharing plans, and other similar debts |                                              |            |  |  |  |
|      | □ Yes                                                                                  |                                                                     |                                              |            |  |  |  |
|      | <b>-</b> 160                                                                           | ■ Other. Specify Credit Card                                        | •                                            |            |  |  |  |

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| Debtor 1 Mark A. Gartrell |                                                                                                                         |                                                                              |                                              |            |  |  |  |
|---------------------------|-------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|----------------------------------------------|------------|--|--|--|
| 4.4                       | Capital One Bank Usa N                                                                                                  | Last 4 digits of account number                                              | 8267                                         | \$2,752.00 |  |  |  |
|                           | Nonpriority Creditor's Name Po Box 85015 Richmond, VA 23285                                                             | When was the debt incurred?                                                  | Opened 3/01/12 Last Active 6/02/15           |            |  |  |  |
|                           | Number Street City State Zlp Code  Who incurred the debt? Check one.                                                    | As of the date you file, the claim                                           | s: Check all that apply                      |            |  |  |  |
|                           | ■ Debtor 1 only □ Debtor 2 only                                                                                         | ☐ Contingent                                                                 |                                              |            |  |  |  |
|                           | Debtor 1 and Debtor 2 only                                                                                              | ☐ Unliquidated ☐ Disputed  Type of NONPRIORITY unsecure                      | l claim:                                     |            |  |  |  |
|                           | ☐ At least one of the debtors and another☐ Check if this claim is for a community debt  Is the claim subject to offset? | Student loans                                                                | ration agreement or divorce that you did not |            |  |  |  |
|                           | ■ No                                                                                                                    | Debts to pension or profit-sharing                                           |                                              |            |  |  |  |
|                           | Yes                                                                                                                     | Other. Specify Credit Card                                                   | <u> </u>                                     |            |  |  |  |
| 4.5                       | Capital One Bank Usa N  Nonpriority Creditor's Name                                                                     | Last 4 digits of account number                                              | 0962                                         | \$1,545.00 |  |  |  |
|                           | Po Box 85015<br>Richmond, VA 23285                                                                                      | When was the debt incurred?                                                  | Opened 1/01/11 Last Active 6/02/15           |            |  |  |  |
|                           | Number Street City State Zlp Code Who incurred the debt? Check one.                                                     | As of the date you file, the claim                                           | s: Check all that apply                      |            |  |  |  |
|                           | Debtor 1 only                                                                                                           | Contingent                                                                   |                                              |            |  |  |  |
|                           | Debtor 2 only                                                                                                           | ☐ Unliquidated                                                               |                                              |            |  |  |  |
|                           | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another                                                  | ☐ Disputed  Type of NONPRIORITY unsecured                                    | d claim:                                     |            |  |  |  |
|                           | ☐ Check if this claim is for a community                                                                                | ☐ Student loans                                                              |                                              |            |  |  |  |
|                           | debt Is the claim subject to offset?                                                                                    | ☐ Obligations arising out of a separeport as priority claims                 |                                              |            |  |  |  |
|                           | ■ No                                                                                                                    | Debts to pension or profit-sharing                                           |                                              |            |  |  |  |
|                           | ☐ Yes                                                                                                                   | ■ Other. Specify Credit Card                                                 | <u> </u>                                     |            |  |  |  |
| 4.6                       | Capital One Bank Usa N Nonpriority Creditor's Name                                                                      | Last 4 digits of account number                                              | 2639                                         | \$681.00   |  |  |  |
|                           | Po Box 85015<br>Richmond, VA 23285                                                                                      | When was the debt incurred?                                                  | Opened 6/01/11 Last Active 6/02/15           |            |  |  |  |
|                           | Number Street City State Zlp Code Who incurred the debt? Check one.                                                     | As of the date you file, the claim                                           | s: Check all that apply                      |            |  |  |  |
|                           | Debtor 1 only                                                                                                           | ☐ Contingent                                                                 |                                              |            |  |  |  |
|                           | ☐ Debtor 2 only                                                                                                         | ☐ Unliquidated                                                               |                                              |            |  |  |  |
|                           | ☐ Debtor 1 and Debtor 2 only                                                                                            | ☐ Disputed                                                                   |                                              |            |  |  |  |
|                           | At least one of the debtors and another                                                                                 | Type of NONPRIORITY unsecured                                                | d claim:                                     |            |  |  |  |
|                           | ☐ Check if this claim is for a community debt  Is the claim subject to offset?                                          | ☐ Student loans ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not |            |  |  |  |
|                           | No                                                                                                                      | Debts to pension or profit-sharin                                            | g plans, and other similar debts             |            |  |  |  |
|                           | ☐ Yes                                                                                                                   | Other Specify Credit Card                                                    |                                              |            |  |  |  |
|                           | <b>—</b> 100                                                                                                            | = Umer Specify Citati Calt                                                   | •                                            |            |  |  |  |

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| Debto | Mark A. Gartrell                                                     |                                                            | Case number (if know)                        |            |
|-------|----------------------------------------------------------------------|------------------------------------------------------------|----------------------------------------------|------------|
| 4.7   | Chew's Excavating Nonpriority Creditor's Name                        | Last 4 digits of account number                            |                                              | \$1,429.00 |
|       | 9701 S. Bentonville Road<br>Cambridge City, IN 47327                 | When was the debt incurred?                                | 11/11                                        |            |
|       | Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim                         | s: Check all that apply                      |            |
|       | ■ Debtor 1 only                                                      | ☐ Contingent                                               |                                              |            |
|       | Debtor 2 only                                                        | ☐ Unliquidated                                             |                                              |            |
|       | ☐ Debtor 1 and Debtor 2 only                                         | ☐ Disputed                                                 |                                              |            |
|       | ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecured                              | d claim:                                     |            |
|       | ☐ Check if this claim is for a community                             | ☐ Student loans                                            |                                              |            |
|       | debt Is the claim subject to offset?                                 | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not |            |
|       | ■ No                                                                 | Debts to pension or profit-sharin                          | g plans, and other similar debts             |            |
|       | □Yes                                                                 | Other. Specify account                                     |                                              |            |
| 4.8   | Dept Of Education/neln                                               | Last 4 digits of account number                            | 8932                                         | \$3,500.00 |
|       | Nonpriority Creditor's Name                                          | _                                                          | On and 1 0/04/40 Lead Adding                 |            |
|       | 121 S 13th St                                                        | When was the debt incurred?                                | Opened 9/01/13 Last Active 4/30/16           |            |
|       | Lincoln, NE 68508                                                    | when was the dept incurred:                                | 4/30/10                                      |            |
|       | Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim                         | s: Check all that apply                      |            |
|       | Debtor 1 only                                                        | ☐ Contingent                                               |                                              |            |
|       | Debtor 2 only                                                        | ☐ Unliquidated                                             |                                              |            |
|       | Debtor 1 and Debtor 2 only                                           | ☐ Disputed                                                 |                                              |            |
|       | At least one of the debtors and another                              | Type of NONPRIORITY unsecured                              | d claim:                                     |            |
|       | ☐ Check if this claim is for a community                             | Student loans                                              |                                              |            |
|       | debt                                                                 | ☐ Obligations arising out of a sepa                        | ration agreement or divorce that you did not |            |
|       | Is the claim subject to offset?                                      | report as priority claims                                  | ,                                            |            |
|       | ■ No                                                                 | Debts to pension or profit-sharing                         | g plans, and other similar debts             |            |
|       | Yes                                                                  | Other. Specify                                             |                                              |            |
|       |                                                                      | Educationa                                                 | l .                                          |            |
| 4.9   | Dept Of Education/neln  Nonpriority Creditor's Name                  | Last 4 digits of account number                            | 9532                                         | \$3,500.00 |
|       | 121 S 13th St<br>Lincoln, NE 68508                                   | When was the debt incurred?                                | Opened 9/01/14 Last Active 4/30/16           |            |
|       | Number Street City State Zlp Code                                    | As of the date you file, the claim                         | s: Check all that apply                      |            |
|       | Who incurred the debt? Check one.                                    | rio er ano dato you me, ano etamo                          | o. Onook all that apply                      |            |
|       | Debtor 1 only                                                        | ☐ Contingent                                               |                                              |            |
|       | Debtor 2 only                                                        | ☐ Unliquidated                                             |                                              |            |
|       | ☐ Debtor 1 and Debtor 2 only                                         | ☐ Disputed                                                 |                                              |            |
|       | ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecured                              | d claim:                                     |            |
|       | ☐ Check if this claim is for a community                             | ■ Student loans                                            |                                              |            |
|       | debt                                                                 |                                                            | ration agreement or divorce that you did not |            |
|       | Is the claim subject to offset?                                      | report as priority claims                                  | a plane, and other similar date.             |            |
|       | ■ No                                                                 | ☐ Debts to pension or profit-sharin                        | g pians, and other similar debts             |            |
|       | Yes                                                                  | Other. Specify                                             |                                              |            |
|       |                                                                      | Educationa                                                 | ll                                           |            |

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| Debto    | or 1 Mark A. Gartrell                                                          |                                                              | Case number (if know)                        |            |
|----------|--------------------------------------------------------------------------------|--------------------------------------------------------------|----------------------------------------------|------------|
| 4.1<br>0 | Dept Of Education/neln  Nonpriority Creditor's Name                            | Last 4 digits of account number                              | 9032                                         | \$2,000.00 |
|          | 121 S 13th St<br>Lincoln, NE 68508                                             | When was the debt incurred?                                  | Opened 9/01/13 Last Active 4/30/16           |            |
|          | Number Street City State Zlp Code  Who incurred the debt? Check one.           | As of the date you file, the claim                           | s: Check all that apply                      |            |
|          | Debtor 1 only                                                                  | ☐ Contingent                                                 |                                              |            |
|          | Debtor 2 only                                                                  | ☐ Unliquidated                                               |                                              |            |
|          | Debtor 1 and Debtor 2 only                                                     | ☐ Disputed                                                   |                                              |            |
|          | ☐ At least one of the debtors and another                                      | Type of NONPRIORITY unsecured                                | d claim:                                     |            |
|          | ☐ Check if this claim is for a community                                       | Student loans                                                |                                              |            |
|          | debt Is the claim subject to offset?                                           | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not |            |
|          | ■ No                                                                           | Debts to pension or profit-sharing                           | g plans, and other similar debts             |            |
|          | □Yes                                                                           | Other. Specify                                               |                                              |            |
|          |                                                                                | Educationa                                                   | ıl                                           |            |
| 4.1<br>1 | Dept Of Education/neln                                                         | Last 4 digits of account number                              | 7629                                         | \$1,750.00 |
|          | Nonpriority Creditor's Name                                                    |                                                              | Opened 9/01/15 Last Active                   |            |
|          | 121 S 13th St<br>Lincoln, NE 68508                                             | When was the debt incurred?                                  | 4/30/16                                      |            |
|          | Number Street City State Zlp Code                                              | As of the date you file, the claim                           | s: Check all that apply                      |            |
|          | Who incurred the debt? Check one.                                              | Пол                                                          |                                              |            |
|          | ■ Debtor 1 only                                                                | ☐ Contingent                                                 |                                              |            |
|          | Debtor 2 only                                                                  | ☐ Unliquidated                                               |                                              |            |
|          | Debtor 1 and Debtor 2 only                                                     | ☐ Disputed  Type of NONPRIORITY unsecured                    | d claim:                                     |            |
|          | At least one of the debtors and another                                        | Student loans                                                | - O.G.III.                                   |            |
|          | ☐ Check if this claim is for a community debt  Is the claim subject to offset? | _                                                            | ration agreement or divorce that you did not |            |
|          | No                                                                             | Debts to pension or profit-sharin                            | a plans, and other similar debts             |            |
|          | ☐ Yes                                                                          | ☐ Other. Specify                                             | g plane, and other cirmial debte             |            |
|          | Li res                                                                         | Educationa                                                   |                                              |            |
|          |                                                                                | Laucationa                                                   |                                              |            |
| 4.1<br>2 | Dept Of Education/neln  Nonpriority Creditor's Name                            | Last 4 digits of account number                              | 1832                                         | \$1,683.00 |
|          | 121 S 13th St<br>Lincoln, NE 68508                                             | When was the debt incurred?                                  | Opened 6/01/14 Last Active 4/30/16           |            |
|          | Number Street City State Zlp Code Who incurred the debt? Check one.            | As of the date you file, the claim                           | s: Check all that apply                      |            |
|          | Debtor 1 only                                                                  | ☐ Contingent                                                 |                                              |            |
|          | Debtor 2 only                                                                  | ☐ Unliquidated                                               |                                              |            |
|          | ☐ Debtor 1 and Debtor 2 only                                                   | ☐ Disputed                                                   |                                              |            |
|          | ☐ At least one of the debtors and another                                      | Type of NONPRIORITY unsecured                                | d claim:                                     |            |
|          | ☐ Check if this claim is for a community                                       | Student loans                                                |                                              |            |
|          | debt                                                                           |                                                              | ration agreement or divorce that you did not |            |
|          | Is the claim subject to offset?                                                | report as priority claims  Debts to pension or profit-sharin | a plane, and other similar debts             |            |
|          |                                                                                |                                                              | אַ אַימיזי, מווע טעופו אווווומו עבטנא        |            |
|          | ☐ Yes                                                                          | ☐ Other. Specify                                             | <u> </u>                                     |            |
|          |                                                                                | Euucationa                                                   | II .                                         |            |

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| Deb                    | for 1 Mark A. Gartrell                                   | Case number (if know)                                        |                                              |            |  |  |  |  |
|------------------------|----------------------------------------------------------|--------------------------------------------------------------|----------------------------------------------|------------|--|--|--|--|
| 4.1                    | Dublin VFD                                               | Last 4 digits of account number                              | \$618.00                                     |            |  |  |  |  |
| 3                      | Nonpriority Creditor's Name PO Box 727 Elkhart, IN 46515 | When was the debt incurred?                                  | 7/16                                         | <u> </u>   |  |  |  |  |
|                        | Number Street City State Zlp Code                        | As of the date you file, the claim                           |                                              |            |  |  |  |  |
| 4.1<br>3<br>4.1<br>4.1 | Who incurred the debt? Check one.                        |                                                              |                                              |            |  |  |  |  |
|                        | Debtor 1 only                                            | ☐ Contingent                                                 |                                              |            |  |  |  |  |
|                        | ☐ Debtor 2 only                                          | ☐ Unliquidated                                               |                                              |            |  |  |  |  |
|                        | ☐ Debtor 1 and Debtor 2 only                             | ☐ Disputed                                                   |                                              |            |  |  |  |  |
|                        | $\square$ At least one of the debtors and another        | Type of NONPRIORITY unsecure                                 | d claim:                                     |            |  |  |  |  |
|                        | ☐ Check if this claim is for a community                 | Student loans                                                |                                              |            |  |  |  |  |
|                        | debt<br>Is the claim subject to offset?                  | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not |            |  |  |  |  |
|                        | ■ No                                                     | Debts to pension or profit-sharing                           | g plans, and other similar debts             |            |  |  |  |  |
|                        | Yes                                                      | Other. Specify medical                                       |                                              |            |  |  |  |  |
| 4.1                    | Finance System of Richmond                               | Last 4 digits of account number                              | 0127                                         | \$2,001.94 |  |  |  |  |
|                        | Nonpriority Creditor's Name                              | _                                                            |                                              | ·          |  |  |  |  |
|                        | PO Box 786                                               | When was the debt incurred?                                  | 2/16                                         |            |  |  |  |  |
|                        | Richmond, IN 47375  Number Street City State Zlp Code    | As of the date you file, the claim                           | is: Check all that apply                     |            |  |  |  |  |
|                        | Who incurred the debt? Check one.                        |                                                              |                                              |            |  |  |  |  |
|                        | Debtor 1 only                                            | ☐ Contingent                                                 |                                              |            |  |  |  |  |
|                        | ☐ Debtor 2 only                                          | ☐ Unliquidated                                               |                                              |            |  |  |  |  |
|                        | ☐ Debtor 1 and Debtor 2 only                             | ☐ Disputed                                                   |                                              |            |  |  |  |  |
|                        | $\square$ At least one of the debtors and another        | Type of NONPRIORITY unsecure                                 | d claim:                                     |            |  |  |  |  |
|                        | ☐ Check if this claim is for a community                 | ☐ Student loans                                              |                                              |            |  |  |  |  |
|                        | debt                                                     |                                                              | ration agreement or divorce that you did not |            |  |  |  |  |
|                        | Is the claim subject to offset?                          | report as priority claims  Debts to pension or profit-sharin | a plane, and other similar debte             |            |  |  |  |  |
|                        | ■ No                                                     |                                                              | g plans, and other similar debts             |            |  |  |  |  |
|                        | Yes                                                      | Other. Specify medical                                       |                                              |            |  |  |  |  |
| 4.1<br>5               | Heights Finance Corp  Nonpriority Creditor's Name        | Last 4 digits of account number                              | 3208                                         | \$1,791.00 |  |  |  |  |
|                        | • •                                                      |                                                              | Opened 6/01/14 Last Active                   |            |  |  |  |  |
|                        | 335 Court St                                             | When was the debt incurred?                                  | 7/17/15                                      |            |  |  |  |  |
|                        | Pekin, IN 61554  Number Street City State Zlp Code       | As of the date you file, the claim                           | is: Check all that apply                     |            |  |  |  |  |
|                        | Who incurred the debt? Check one.                        | ne of the date yearne, the claim                             | e. Chook all that apply                      |            |  |  |  |  |
|                        | Debtor 1 only                                            | ☐ Contingent                                                 |                                              |            |  |  |  |  |
|                        | ☐ Debtor 2 only                                          | ☐ Unliquidated                                               |                                              |            |  |  |  |  |
|                        | Debtor 1 and Debtor 2 only                               | ☐ Disputed                                                   |                                              |            |  |  |  |  |
|                        | ☐ At least one of the debtors and another                | Type of NONPRIORITY unsecure                                 | d claim:                                     |            |  |  |  |  |
|                        | ☐ Check if this claim is for a community                 | nity Student loans                                           |                                              |            |  |  |  |  |
|                        | debt                                                     |                                                              | ration agreement or divorce that you did not |            |  |  |  |  |
|                        | Is the claim subject to offset?                          | report as priority claims                                    | a plane and other similar 4-44-              |            |  |  |  |  |
|                        | ■ No                                                     | Debts to pension or profit-sharin                            | g plans, and other similar debts             |            |  |  |  |  |
|                        | ☐ Yes                                                    | Other Specify account                                        |                                              |            |  |  |  |  |

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| Mark A. Gartrell                                                                           | Case number (if know)                                        |                                               |                                       |  |  |  |  |
|--------------------------------------------------------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|---------------------------------------|--|--|--|--|
| Huntington National Bank                                                                   | Last 4 digits of account number                              | 0151                                          | \$6,219.00                            |  |  |  |  |
| Nonpriority Creditor's Name                                                                |                                                              |                                               | <del>+0,</del> 210100                 |  |  |  |  |
| Po Box 1558<br>Columbus, OH 43216                                                          | When was the debt incurred?                                  | Opened 8/01/13 Last Active 1/06/16            |                                       |  |  |  |  |
| Number Street City State Zlp Code  Who incurred the debt? Check one.                       | As of the date you file, the claim                           | is: Check all that apply                      |                                       |  |  |  |  |
| Debtor 1 only                                                                              | ☐ Contingent                                                 |                                               |                                       |  |  |  |  |
| Debtor 2 only                                                                              | ☐ Unliquidated                                               |                                               |                                       |  |  |  |  |
| Debtor 1 and Debtor 2 only                                                                 | ☐ Disputed                                                   |                                               |                                       |  |  |  |  |
| ☐ At least one of the debtors and another                                                  | Type of NONPRIORITY unsecure                                 | d claim:                                      |                                       |  |  |  |  |
| ☐ Check if this claim is for a community                                                   | ☐ Student loans                                              |                                               |                                       |  |  |  |  |
| debt<br>s the claim subject to offset?                                                     | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not |                                       |  |  |  |  |
| No                                                                                         | ☐ Debts to pension or profit-sharing                         | g plans, and other similar debts              |                                       |  |  |  |  |
| □ Yes                                                                                      | Other. Specify deficiency                                    | on secured loan                               |                                       |  |  |  |  |
| James E. Millikan                                                                          | Last 4 digits of account number                              |                                               | \$0.00                                |  |  |  |  |
| Nonpriority Creditor's Name<br>Attorney at Law<br>1315 Broad Street                        | When was the debt incurred?                                  |                                               | · · · · · · · · · · · · · · · · · · · |  |  |  |  |
| New Castle, IN 47362  Jumber Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply  |                                               |                                       |  |  |  |  |
| Debtor 1 only                                                                              | ☐ Contingent                                                 |                                               |                                       |  |  |  |  |
| Debtor 2 only                                                                              | ☐ Unliquidated                                               |                                               |                                       |  |  |  |  |
| Debtor 1 and Debtor 2 only                                                                 | ☐ Disputed                                                   |                                               |                                       |  |  |  |  |
| At least one of the debtors and another                                                    | Type of NONPRIORITY unsecure                                 | d claim:                                      |                                       |  |  |  |  |
| Check if this claim is for a community                                                     | ☐ Student loans                                              |                                               |                                       |  |  |  |  |
| lebt<br>s the claim subject to offset?                                                     | report as priority claims                                    | aration agreement or divorce that you did not |                                       |  |  |  |  |
| No                                                                                         | Debts to pension or profit-sharing                           | g plans, and other similar debts              |                                       |  |  |  |  |
| Yes                                                                                        | Other. Specify notice only                                   |                                               |                                       |  |  |  |  |
| Kohls/capone                                                                               | Last 4 digits of account number                              | 7251                                          | \$235.00                              |  |  |  |  |
| Nonpriority Creditor's Name                                                                | _                                                            | Omercal 2/04/42 Least Active                  |                                       |  |  |  |  |
| Po Box 3115<br>Milwaukee, WI 53201                                                         | When was the debt incurred?                                  | Opened 2/01/13 Last Active 4/29/16            |                                       |  |  |  |  |
| Number Street City State Zlp Code  Who incurred the debt? Check one.                       | As of the date you file, the claim                           | is: Check all that apply                      |                                       |  |  |  |  |
| Debtor 1 only                                                                              | ☐ Contingent                                                 |                                               |                                       |  |  |  |  |
| Debtor 2 only                                                                              | ☐ Unliquidated                                               |                                               |                                       |  |  |  |  |
| Debtor 1 and Debtor 2 only                                                                 | ☐ Disputed                                                   |                                               |                                       |  |  |  |  |
| At least one of the debtors and another                                                    | Type of NONPRIORITY unsecure                                 | d claim:                                      |                                       |  |  |  |  |
| ☐ Check if this claim is for a community                                                   | ☐ Student loans                                              |                                               |                                       |  |  |  |  |
| debt<br>s the claim subject to offset?                                                     | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not |                                       |  |  |  |  |
| ■ No                                                                                       | Debts to pension or profit-sharing                           | g plans, and other similar debts              |                                       |  |  |  |  |
| □Yes                                                                                       | Other Specify Charge Acc                                     | count                                         |                                       |  |  |  |  |

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| Mark A. Gartrell                                                                        |                                                              | Case number (if know)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                         |
|-----------------------------------------------------------------------------------------|--------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| McCarthy, Burgess & Wolfe                                                               | Last 4 digits of account number                              | 8173                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | \$0.00                                  |
| Nonpriority Creditor's Name<br>26000 Cannon Road                                        | When was the debt incurred?                                  | 7/16                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>V</b> 5133                           |
| Bedford, OH 44146  Number Street City State Zlp Code                                    | As of the date you file, the claim                           | is: Check all that apply                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                         |
| Who incurred the debt? Check one.                                                       | As of the date you me, the dam                               | э. Опеск ан так арру                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                         |
| ■ Debtor 1 only                                                                         | ☐ Contingent                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |
| Debtor 2 only                                                                           | ☐ Unliquidated                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |
| Debtor 1 and Debtor 2 only                                                              | ☐ Disputed                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |
| ☐ At least one of the debtors and another                                               | Type of NONPRIORITY unsecure                                 | d claim:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                         |
| ☐ Check if this claim is for a community                                                | ☐ Student loans                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |
| debt<br>s the claim subject to offset?                                                  | Obligations arising out of a separeport as priority claims   | aration agreement or divorce that you did not                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                         |
| No                                                                                      | Debts to pension or profit-sharing                           | g plans, and other similar debts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                         |
| ☐ Yes                                                                                   | Other. Specify notice only                                   | ,<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                         |
| Merrick Bank                                                                            | Last 4 digits of account number                              | 7077                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | \$1,328.00                              |
| Nonpriority Creditor's Name                                                             |                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| Po Box 9201<br>Old Bethpage, NY 11804                                                   | When was the debt incurred?                                  | Opened 1/01/13 Last Active 12/08/15                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                         |
| lumber Street City State Zlp Code  Vho incurred the debt? Check one.                    | As of the date you file, the claim                           | is: Check all that apply                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                         |
| Debtor 1 only                                                                           | ☐ Contingent                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |
| Debtor 2 only                                                                           | ☐ Unliquidated                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |
| Debtor 1 and Debtor 2 only                                                              | ☐ Disputed                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |
| At least one of the debtors and another                                                 | Type of NONPRIORITY unsecure                                 | d claim:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                         |
| Check if this claim is for a community                                                  | ☐ Student loans                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |
| lebt<br>s the claim subject to offset?                                                  | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                         |
| ■ No                                                                                    | Debts to pension or profit-sharing                           | g plans, and other similar debts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                         |
| ☐Yes                                                                                    | Other. Specify Credit Card                                   | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                         |
| PayPal Credit                                                                           | Last 4 digits of account number                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | \$0.00                                  |
| Nonpriority Creditor's Name PO Box 105658                                               | When was the debt incurred?                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ·                                       |
| Atlanta, GA 30348  Jumber Street City State Zlp Code  Vho incurred the debt? Check one. | As of the date you file, the claim                           | is: Check all that apply                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                         |
| Debtor 1 only                                                                           | ☐ Contingent                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |
| ☐ Debtor 2 only                                                                         | ☐ Unliquidated                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |
| ☐ Debtor 1 and Debtor 2 only                                                            | ☐ Disputed                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |
| ☐ At least one of the debtors and another                                               | Type of NONPRIORITY unsecure                                 | d claim:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                         |
| ☐ Check if this claim is for a community                                                | ☐ Student loans                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |
| lebt                                                                                    |                                                              | aration agreement or divorce that you did not                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                         |
| s the claim subject to offset?                                                          | report as priority claims                                    | and an and advantage of the state of the sta |                                         |
| No                                                                                      | Debts to pension or profit-sharin                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |
| ☐ Yes                                                                                   | Other Specify notice only                                    | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                         |

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| Debtor             | 1 Mark A. G                          | artrell                             |                                                                                                                                                      | Case r     | number (if know)                     |                           |
|--------------------|--------------------------------------|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--------------------------------------|---------------------------|
| 4.2                | Reid Health                          |                                     | Lock 4 distinct of account number                                                                                                                    |            |                                      | \$0.00                    |
| 2                  | Nonpriority Cred                     | ditor's Name                        | Last 4 digits of account number  When was the debt incurred?                                                                                         |            |                                      |                           |
|                    | Richmond,                            | _                                   | Trion was the dest incurred.                                                                                                                         |            |                                      | _                         |
| •                  |                                      | City State ZIp Code                 | As of the date you file, the claim                                                                                                                   | is: Chec   | k all that apply                     |                           |
|                    | Who incurred t                       | the debt? Check one.                |                                                                                                                                                      |            |                                      |                           |
|                    | ■ Debtor 1 on                        | у                                   | ☐ Contingent                                                                                                                                         |            |                                      |                           |
|                    | Debtor 2 onl                         | у                                   | ☐ Unliquidated                                                                                                                                       |            |                                      |                           |
|                    | Debtor 1 and                         | d Debtor 2 only                     | ☐ Disputed                                                                                                                                           |            |                                      |                           |
|                    | ☐ At least one                       | of the debtors and another          | Type of NONPRIORITY unsecure                                                                                                                         | d claim:   |                                      |                           |
|                    | ☐ Check if thi                       | s claim is for a community          | ☐ Student loans                                                                                                                                      |            |                                      |                           |
|                    | debt<br>Is the claim su              | bject to offset?                    | Obligations arising out of a separeport as priority claims                                                                                           | aration aç | greement or divorce that you did not |                           |
|                    | ■ No                                 |                                     | Debts to pension or profit-sharing                                                                                                                   | ng plans,  | and other similar debts              |                           |
|                    | Yes                                  |                                     | Other. Specify notice only                                                                                                                           |            |                                      | _                         |
| 4.2                | Webbank                              |                                     | Look 4 digits of cooping mumbers                                                                                                                     | 4360       | 1                                    | \$1,321.26                |
| 3                  | Nonpriority Cred                     | ditor's Name                        | Last 4 digits of account number                                                                                                                      |            | <u></u>                              | Ψ1,021.20                 |
|                    | 215 S. State                         | St., Ste. 800<br>ity, UT 84111      | When was the debt incurred?                                                                                                                          | 9/15       |                                      | _                         |
| -                  | Number Street                        | City State ZIp Code                 | As of the date you file, the claim                                                                                                                   | is: Chec   | k all that apply                     |                           |
|                    | ■ Debtor 1 onl                       | ly.                                 | ☐ Contingent                                                                                                                                         |            |                                      |                           |
|                    | Debtor 2 onl                         | •                                   | ☐ Unliquidated                                                                                                                                       |            |                                      |                           |
|                    | Debtor 1 and                         | •                                   | ☐ Disputed                                                                                                                                           |            |                                      |                           |
|                    | _                                    | of the debtors and another          | Type of NONPRIORITY unsecure                                                                                                                         | d claim:   |                                      |                           |
|                    | _                                    | s claim is for a community          | ☐ Student loans                                                                                                                                      |            |                                      |                           |
|                    | debt                                 | bject to offset?                    | Obligations arising out of a separeport as priority claims                                                                                           | aration aç | greement or divorce that you did not |                           |
|                    | ■ No                                 | bjeet to onset:                     | Debts to pension or profit-sharing                                                                                                                   | na nlans   | and other similar debts              |                           |
|                    | ☐ Yes                                |                                     |                                                                                                                                                      |            | and other similar debts              |                           |
|                    | Li Yes                               |                                     | Other. Specify credit card                                                                                                                           |            |                                      | -                         |
| Part 3:            | List Others                          | s to Be Notified About a Debt       | That You Already Listed                                                                                                                              |            |                                      |                           |
| is tryir<br>have r | ng to collect fro<br>more than one c | m you for a debt you owe to som     | out your bankruptcy, for a debt that y<br>eone else, list the original creditor ir<br>you listed in Parts 1 or 2, list the addi<br>submit this page. | Parts 1    | or 2, then list the collection agend | y here. Similarly, if you |
| Part 4:            | Add the A                            | mounts for Each Type of Uns         | ecured Claim                                                                                                                                         |            |                                      |                           |
|                    | the amounts of<br>of unsecured cla   | , ·                                 | s. This information is for statistical r                                                                                                             | eporting   | g purposes only. 28 U.S.C. §159. Ad  | ld the amounts for each   |
|                    |                                      |                                     |                                                                                                                                                      |            | Total Claim                          |                           |
|                    | Γotal                                | Domestic support obligations        |                                                                                                                                                      | 6a.        | \$                                   | <u>)</u>                  |
| cla<br>from Pa     | aims<br>art 1 6b.                    | Taxes and certain other debts y     | you owe the government                                                                                                                               | 6b.        | \$ 0.00                              | 1                         |
|                    | 6c.                                  | Claims for death or personal in     | •                                                                                                                                                    | 6c.        | \$ 0.00                              |                           |
|                    | 6d.                                  | Other. Add all other priority unsec | cured claims. Write that amount here.                                                                                                                | 6d.        | \$ 0.00                              | _                         |
|                    | 6e.                                  | Total Priority. Add lines 6a throu  | gh 6d.                                                                                                                                               | 6e.        | \$                                   | <u>)</u>                  |
|                    |                                      |                                     |                                                                                                                                                      |            | Total Oleim                          |                           |
|                    | 6f.                                  | Student loans                       |                                                                                                                                                      | 6f.        | Total Claim                          | )                         |
|                    | Total                                |                                     |                                                                                                                                                      |            |                                      | _                         |
| from P             | aims<br>art 2 6g.                    | Obligations arising out of a seg    | aration agreement or divorce that                                                                                                                    | _          | . 0.00                               | •                         |
|                    | 6h.                                  | you did not report as priority cl   | aims<br>ing plans, and other similar debts                                                                                                           | 6g.<br>6h. | \$ 0.00                              | _                         |
|                    | OII.                                 | pents to bension of broug-sugr      | ng piano, and other sillidi debts                                                                                                                    | OH.        | \$ 0.00                              | ,                         |

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Debtor 1 Mark A. Gartrell

6i. **Other.** Add all other nonpriority unsecured claims. Write that amount here.

6j. Total Nonpriority. Add lines 6f through 6i.

Case number (if know)

<sup>6i.</sup> \$ **21,635.65** 

6j. \$ **34,068.65** 

| Fill in this infor                      | mation to identify your | case:             |            |                  |
|-----------------------------------------|-------------------------|-------------------|------------|------------------|
| Debtor 1                                | Mark A. Gartrell        |                   |            |                  |
|                                         | First Name              | Middle Name       | Last Name  |                  |
| Debtor 2                                |                         |                   |            |                  |
| (Spouse if, filing)                     | First Name              | Middle Name       | Last Name  |                  |
| United States Bankruptcy Court for the: |                         | SOUTHERN DISTRICT | OF INDIANA |                  |
| Case number                             |                         |                   |            |                  |
| (if known)                              |                         |                   |            | Check if this is |
|                                         |                         |                   |            | amended filing   |

# Official Form 106G

# **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

|     | D         |             |                                                     |          | Chata what the contract or lease is for |
|-----|-----------|-------------|-----------------------------------------------------|----------|-----------------------------------------|
|     | Person or | Name, Numbe | whom you have the<br>r, Street, City, State and ZIP | Code     | State what the contract or lease is for |
| 2.1 |           |             |                                                     |          |                                         |
|     | Name      |             |                                                     |          |                                         |
|     | Number    | Street      |                                                     |          | _                                       |
|     | City      |             | State                                               | ZIP Code |                                         |
| 2.2 |           |             |                                                     |          |                                         |
|     | Name      |             |                                                     |          | _                                       |
|     | Number    | Street      |                                                     |          | _                                       |
|     | -011      |             | •                                                   | 710.0    | _                                       |
| 2.3 | City      |             | State                                               | ZIP Code |                                         |
| 2.3 | Name      |             |                                                     |          | _                                       |
|     | Number    | Street      |                                                     |          | _                                       |
|     | City      |             | State                                               | ZIP Code | _                                       |
| 2.4 |           |             |                                                     |          |                                         |
|     | Name      |             |                                                     |          | _                                       |
|     | Number    | Street      |                                                     |          | _                                       |
|     | City      |             | State                                               | ZIP Code | _                                       |
| 2.5 |           |             |                                                     |          |                                         |
|     | Name      |             |                                                     |          | _                                       |
|     | Number    | Street      |                                                     |          | _                                       |
|     | City      |             | State                                               | ZIP Code | _                                       |

Official Form 106G

# Case 16-05754-JMC-7 Doc 1 Filed 07/27/16 EOD 07/27/16 15:32:20 Pg 31 of 54

| Fill in this i                 | information to identify your                                       | case:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                  |                                                                                                      |                                    |
|--------------------------------|--------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|------------------------------------------------------------------------------------------------------|------------------------------------|
| Debtor 1                       | Mark A. Gartrell                                                   | A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                  |                                                                                                      |                                    |
| Dobtor 2                       | First Name                                                         | Middle Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Last Name                        |                                                                                                      |                                    |
| Debtor 2<br>(Spouse if, filing | g) First Name                                                      | Middle Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Last Name                        |                                                                                                      |                                    |
| United State                   | es Bankruptcy Court for the:                                       | SOUTHERN DISTRICT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | OF INDIANA                       |                                                                                                      |                                    |
| Case numb                      | or                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                  |                                                                                                      |                                    |
| (if known)                     | <u> </u>                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                  |                                                                                                      | Check if this is an amended filing |
| Official                       | Form 106H                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                  |                                                                                                      |                                    |
|                                |                                                                    | obtoro                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                  |                                                                                                      | 4045                               |
| <u>schea</u>                   | ule H: Your Cod                                                    | eptors                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                  |                                                                                                      | 12/15                              |
| 1. Do y                        | ou have any codebtors? (If                                         | you are filing a joint case, o                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | do not list either spouse        | as a codebtor.                                                                                       |                                    |
| ■ No<br>□ Yes                  |                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                  |                                                                                                      |                                    |
|                                | in the last 8 years, have you<br>a, California, Idaho, Louisiana,  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                  | ry? (Community property states a                                                                     | and territories include            |
|                                |                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | one rues, rende, rrae            | g.o., and mossion,                                                                                   |                                    |
|                                | Go to line 3.                                                      | on a series of the series of t | and the constant of the constant |                                                                                                      |                                    |
| ⊔ Yes.                         | Did your spouse, former spou                                       | ise, or legal equivalent live                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | e with you at the time?          |                                                                                                      |                                    |
| in line :<br>Form 1            | 2 again as a codebtor only i                                       | f that person is a guaran                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | tor or cosigner. Make            | if your spouse is filing with yo<br>sure you have listed the credit<br>16G). Use Schedule D, Schedul | or on Schedule D (Officia          |
|                                | Column 1: Your codebtor<br>ame, Number, Street, City, State and Zl | P Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                  | Column 2: The creditor to Check all schedules that ap                                                |                                    |
| 3.1                            |                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                  | ☐ Schedule D. line                                                                                   |                                    |
|                                | lame                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                  | ☐ Schedule E/F, line                                                                                 |                                    |
|                                |                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                  | ☐ Schedule G, line                                                                                   |                                    |
|                                | Jumber Street<br>City                                              | State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ZIP Code                         | _                                                                                                    |                                    |
|                                |                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                  |                                                                                                      |                                    |
| 3.2                            | lame                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                  | Schedule D, line                                                                                     |                                    |
|                                |                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                  | ☐ Schedule E/F, line<br>☐ Schedule G, line                                                           |                                    |
| N                              | lumber Street                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                  |                                                                                                      |                                    |
|                                | City                                                               | State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ZIP Code                         |                                                                                                      |                                    |

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| Fill               | in this information to identify yo                                                                                       | ur case:                                                                                    |                                               |                     |                |                             |                     |                                            |               |               |
|--------------------|--------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|-----------------------------------------------|---------------------|----------------|-----------------------------|---------------------|--------------------------------------------|---------------|---------------|
| Del                | btor 1 Mark A. C                                                                                                         | Gartrell                                                                                    |                                               |                     |                |                             |                     |                                            |               |               |
|                    | btor 2<br>buse, if filing)                                                                                               |                                                                                             |                                               |                     |                |                             |                     |                                            |               |               |
| Uni                | ited States Bankruptcy Court for                                                                                         | the: SOUTHERN DISTRIC                                                                       | CT OF INDIANA                                 |                     |                |                             |                     |                                            |               |               |
|                    | se number<br>nown)                                                                                                       |                                                                                             | -                                             |                     |                |                             | mende<br>ppleme     | d filing<br>ent showing peas of the follow |               | hapter        |
| 0                  | fficial Form 106I                                                                                                        |                                                                                             |                                               |                     |                | MM /                        | / DD/ Y             | YYY                                        |               |               |
| S                  | chedule I: Your Ir                                                                                                       | ncome                                                                                       |                                               |                     |                |                             |                     |                                            |               | 12/1          |
| sup<br>spo<br>atta | as complete and accurate as plying correct information. If use. If you are separated and ch a separate sheet to this for | you are married and not fili<br>your spouse is not filing w<br>rm. On the top of any additi | ng jointly, and your<br>ith you, do not inclu | spouse<br>ide infor | is liv<br>mati | ing with you<br>on about yo | u, inclu<br>our spo | ide informat<br>use. If more               | ion about yes | our<br>eeded, |
| 1.                 | Fill in your employment information.                                                                                     |                                                                                             | Debtor 1                                      |                     |                | De                          | ebtor 2             | or non-filing                              | g spouse      |               |
|                    | If you have more than one job                                                                                            | ),                                                                                          | ■ Employed                                    |                     |                |                             | l Emplo             | yed                                        |               |               |
|                    | attach a separate page with information about additional                                                                 | Employment status                                                                           | ☐ Not employed                                | ☐ Not employed      |                |                             |                     | mployed                                    |               |               |
|                    | employers.                                                                                                               | Occupation                                                                                  | Sales                                         |                     |                |                             |                     |                                            |               |               |
|                    | Include part-time, seasonal, o self-employed work.                                                                       | r<br>Employer's name                                                                        | Menard's                                      |                     |                |                             |                     |                                            |               |               |
|                    | Occupation may include stude or homemaker, if it applies.                                                                | ent Employer's address                                                                      | 3800 National F<br>Richmond, IN 4             |                     |                |                             |                     |                                            |               |               |
|                    |                                                                                                                          | How long employed t                                                                         | here? 2 yrs                                   |                     |                |                             | _                   |                                            |               |               |
| Par                | rt 2: Give Details About                                                                                                 | Monthly Income                                                                              |                                               |                     |                |                             |                     |                                            |               |               |
|                    | mate monthly income as of thuse unless you are separated.                                                                | ne date you file this form. If                                                              | you have nothing to ı                         | eport for           | any            | line, write \$0             | ) in the            | space. Includ                              | e your non-f  | filing        |
|                    | ou or your non-filing spouse have<br>e space, attach a separate shee                                                     |                                                                                             | ombine the information                        | on for all          | empl           | oyers for tha               | t perso             | n on the lines                             | below. If yo  | u need        |
|                    |                                                                                                                          |                                                                                             |                                               |                     |                | For Debtor                  | r 1                 | For Debto                                  |               |               |
| 2.                 | List monthly gross wages, s deductions). If not paid month                                                               |                                                                                             |                                               | 2.                  | \$             | 2,68                        | 9.73                | \$                                         | N/A           |               |
| 3.                 | Estimate and list monthly o                                                                                              | vertime pay.                                                                                |                                               | 3.                  | +\$            |                             | 0.00                | +\$                                        | N/A           |               |

2,689.73

N/A

Calculate gross Income. Add line 2 + line 3.

| Deb      | otor 1        | Mark A. Gartrell                                                                                                                                                                                                                                                              | -        |          | Case       | number (if known) |            |                        |                 |                  |
|----------|---------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|------------|-------------------|------------|------------------------|-----------------|------------------|
|          |               |                                                                                                                                                                                                                                                                               |          |          | Fo         | r Debtor 1        |            | r Debtor<br>n-filing s |                 |                  |
|          | Cop           | y line 4 here                                                                                                                                                                                                                                                                 | 4.       |          | \$_        | 2,689.73          | \$         |                        | N/A             | _                |
| 5.       | List          | all payroll deductions:                                                                                                                                                                                                                                                       |          |          |            |                   |            |                        |                 |                  |
|          | 5a.<br>5b.    | Tax, Medicare, and Social Security deductions Mandatory contributions for retirement plans                                                                                                                                                                                    |          | a.<br>b. | \$_<br>\$  | 424.58            | \$_<br>\$  |                        | N/A<br>N/A      | _                |
|          | 5c.<br>5d.    | Voluntary contributions for retirement plans Required repayments of retirement fund loans                                                                                                                                                                                     | 50<br>50 | c.<br>d. | \$<br>_    | 0.00              | \$_<br>\$_ |                        | N/A<br>N/A      | _                |
|          | 5e.<br>5f.    | Insurance Domestic support obligations                                                                                                                                                                                                                                        | 51       |          | \$_<br>\$_ | 288.35<br>390.00  | \$_<br>\$_ |                        | N/A<br>N/A      | _                |
|          | 5g.<br>5h.    | Union dues Other deductions. Specify:                                                                                                                                                                                                                                         | _        | h.+      | \$_<br>\$_ |                   | + \$_      |                        | N/A<br>N/A      | -<br>-           |
| 6.       |               | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.                                                                                                                                                                                                                    | 6.       |          | \$_        | 1,102.93          | \$_        |                        | N/A             | _                |
| 7.<br>8. |               | culate total monthly take-home pay. Subtract line 6 from line 4.  all other income regularly received:  Net income from rental property and from operating a business, profession, or farm                                                                                    | 7.       | •        | \$_        | 1,586.80          | \$_        |                        | N/A             | _                |
|          |               | Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.                                                                                                                         | 8        | a.       | \$_        | 0.00              | \$_        |                        | N/A             | _                |
|          | 8b.<br>8c.    | Interest and dividends Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.                                                     | 81       |          | \$_        | 0.00              | \$_        |                        | N/A             | -                |
|          | 8d.           | Unemployment compensation                                                                                                                                                                                                                                                     |          | c.<br>d. | \$_<br>\$  | 0.00              | \$_<br>\$  |                        | N/A<br>N/A      | _                |
|          | 8e.           | Social Security                                                                                                                                                                                                                                                               | 8        | e.       | \$         | 0.00              | \$         |                        | N/A             | _                |
|          | 8f.           | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:       | 81       | f.       | \$         | 0.00              | \$         |                        | N/A             |                  |
|          | 8g.           | Pension or retirement income                                                                                                                                                                                                                                                  | _ 8      |          | \$_        | 0.00              | \$_        |                        | N/A             | _                |
|          | 8h.           | Other monthly income. Specify:                                                                                                                                                                                                                                                | _ 81     | h.+<br>_ | \$_        | 0.00              | + \$_      |                        | N/A             | _                |
| 9.       | Add           | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.                                                                                                                                                                                                                          | 9.       |          | \$         | 0.00              | \$_        |                        | N/A             | <b>A</b>         |
| 10.      |               | culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.                                                                                                                                                            | 10.      | \$_      |            | 1,586.80 + \$     |            | N/A                    | = \$            | 1,586.80         |
| 11.      | Inclu<br>othe | te all other regular contributions to the expenses that you list in Schedule ade contributions from an unmarried partner, members of your household, your per friends or relatives. In the include any amounts already included in lines 2-10 or amounts that are not a cify: | dep      |          |            | •                 | •          | Schedule               | e J.<br>+\$     | 0.00             |
| 12.      |               | the amount in the last column of line 10 to the amount in line 11. The rest e that amount on the Summary of Schedules and Statistical Summary of Certainies                                                                                                                   |          |          |            |                   |            | e.<br>12.              | \$              | 1,586.80         |
| 13.      | Do :          | you expect an increase or decrease within the year after you file this form?                                                                                                                                                                                                  | ?        |          |            |                   |            |                        | Combi<br>monthl | ned<br>ly income |
|          | _             | No.                                                                                                                                                                                                                                                                           |          |          |            |                   |            |                        |                 |                  |

Official Form 106I Schedule I: Your Income page 2

| Fill        | in this informa                                  | ation to identify yo                                  | our case:               |                                                                                               |                            |                  |                                       |                     |                                                |      |  |  |
|-------------|--------------------------------------------------|-------------------------------------------------------|-------------------------|-----------------------------------------------------------------------------------------------|----------------------------|------------------|---------------------------------------|---------------------|------------------------------------------------|------|--|--|
| Deb         | otor 1 Mark A. Gartrell otor 2                   |                                                       |                         |                                                                                               |                            |                  | Check if this is: ☐ An amended filing |                     |                                                |      |  |  |
|             | ouse, if filing)                                 |                                                       |                         |                                                                                               |                            |                  |                                       |                     | ring postpetition chapt<br>the following date: | er   |  |  |
| Unit        | ed States Bankı                                  | runtey Court for the                                  | · SOUTH                 | HERN DISTRICT OF INDIA                                                                        | ANA                        |                  | _                                     | ·<br>MM / DD / YYYY |                                                |      |  |  |
| Offic       | eu States Dariki                                 | rupicy Court for the                                  | . 30011                 | ILKN DISTRICT OF INDIP                                                                        | NIVA                       |                  | 10                                    | MWI / DD / TTTT     |                                                |      |  |  |
|             | e numbe <b>r</b><br>nown)                        |                                                       |                         |                                                                                               |                            |                  |                                       |                     |                                                |      |  |  |
| Of          | fficial Fo                                       | orm 106J                                              |                         |                                                                                               |                            |                  |                                       |                     |                                                |      |  |  |
| So          | chedule                                          | J: Your                                               | Exper                   | nses                                                                                          |                            |                  |                                       |                     | 1                                              | 2/15 |  |  |
| info<br>nun | ormation. If manual manual member (if know       | ore space is ne<br>n). Answer ever                    | eded, atta<br>y questio | . If two married people and the same another sheet to this n.                                 |                            |                  |                                       |                     |                                                |      |  |  |
| Par<br>1.   | t 1: Desci                                       | ribe Your House                                       | enold                   |                                                                                               |                            |                  |                                       |                     |                                                |      |  |  |
|             | No. Go to                                        | line 2.                                               | in a separ              | ate household?                                                                                |                            |                  |                                       |                     |                                                |      |  |  |
|             | □ N<br>□ Y                                       | -                                                     | st file Offic           | ial Form 106J-2, <i>Expenses</i>                                                              | s for Separate House       | <i>hold</i> of D | ebto                                  | or 2.               |                                                |      |  |  |
| 2.          | Do you hav                                       | e dependents?                                         | □ No                    |                                                                                               |                            |                  |                                       |                     |                                                |      |  |  |
|             | Do not list D<br>Debtor 2.                       | ebtor 1 and                                           | ■ Yes.                  | Fill out this information for each dependent                                                  | Dependent's relation       |                  |                                       | Dependent's age     | Does dependent live with you?                  |      |  |  |
|             | Do not state                                     | the                                                   |                         |                                                                                               |                            |                  |                                       |                     | ■ No                                           |      |  |  |
|             | dependents                                       | names.                                                |                         |                                                                                               | daughter                   |                  |                                       | 16                  | ☐ Yes                                          |      |  |  |
|             |                                                  |                                                       |                         |                                                                                               |                            |                  |                                       |                     | □ No<br>□ Yes                                  |      |  |  |
|             |                                                  |                                                       |                         |                                                                                               | -                          |                  |                                       | <del></del>         | □ Yes                                          |      |  |  |
|             |                                                  |                                                       |                         |                                                                                               |                            |                  |                                       |                     | □ No □ Yes                                     |      |  |  |
|             |                                                  |                                                       |                         |                                                                                               |                            |                  |                                       |                     | □ No                                           |      |  |  |
|             |                                                  |                                                       |                         |                                                                                               |                            |                  |                                       |                     | ☐ Yes                                          |      |  |  |
| 3.          | expenses o                                       | penses include<br>f people other to<br>d your depende | han $_{oxdotsim}$       | No<br>Yes                                                                                     |                            |                  |                                       |                     |                                                |      |  |  |
| exp<br>app  | imate your ex<br>enses as of a<br>blicable date. | a date after the l                                    | our bankr<br>bankrupto  | ly Expenses uptcy filing date unless y ry is filed. If this is a supp government assistance i | olemental S <i>chedule</i> |                  |                                       |                     |                                                |      |  |  |
|             | value of suc<br>ficial Form 10                   |                                                       | d have ind              | cluded it on Schedule I: Y                                                                    | Your Income                |                  | _                                     | Your expe           | enses                                          |      |  |  |
| 4.          |                                                  | or home owners<br>and any rent for the                |                         | nses for your residence. I<br>or lot.                                                         | nclude first mortgage      |                  | \$                                    |                     | 352.00                                         |      |  |  |
|             | If not include                                   | ded in line 4:                                        |                         |                                                                                               |                            |                  |                                       |                     |                                                |      |  |  |
|             | 4a. Real                                         | estate taxes                                          |                         |                                                                                               |                            | 4a.              | \$                                    |                     | 0.00                                           |      |  |  |
|             | 4b. Prope                                        | rty, homeowner's                                      | s, or renter            | 's insurance                                                                                  |                            | 4b.              | \$                                    |                     | 0.00                                           |      |  |  |
|             |                                                  |                                                       | •                       | upkeep expenses                                                                               |                            | 4c.              |                                       |                     | 100.00                                         |      |  |  |
| _           |                                                  | owner's associat                                      |                         |                                                                                               |                            | 4d.              |                                       |                     | 0.00                                           |      |  |  |
| 5.          | Additional r                                     | mortgage payme                                        | ents for yo             | <b>our residence,</b> such as ho                                                              | me equity loans            | 5.               | \$                                    |                     | 135.00                                         |      |  |  |

| Debtor 1 Mark A. Gartrell              |                                                                                                                | Case numbe        | r (if known)    |
|----------------------------------------|----------------------------------------------------------------------------------------------------------------|-------------------|-----------------|
| 6. Utilities:                          |                                                                                                                |                   |                 |
| 6a. Electricity, heat, natural         | gas                                                                                                            | 6a. \$            | 400.            |
| 6b. Water, sewer, garbage              |                                                                                                                | 6b. \$            | 85.             |
|                                        | Internet, satellite, and cable services                                                                        | 6c. \$            | 185.            |
| 6d. Other. Specify:                    |                                                                                                                | 6d. \$            | 0.              |
| 7. Food and housekeeping sup           | onlies                                                                                                         | 7. \$             | 200.            |
| 3. Childcare and children's edi        |                                                                                                                | 8. \$             | 0.              |
| . Clothing, laundry, and dry c         |                                                                                                                | 9. \$             | 50.             |
| 0. Personal care products and          | _                                                                                                              | 10. \$            | 50.             |
| Medical and dental expense             |                                                                                                                | 11. \$            | 100.            |
| 2. <b>Transportation.</b> Include gas, |                                                                                                                | π. ψ              |                 |
| Do not include car payments.           | maintenance, bus of train rare.                                                                                | 12. \$            | 350.            |
|                                        | ation, newspapers, magazines, and books                                                                        | 13. \$            | 100.            |
| 1. Charitable contributions and        |                                                                                                                | 14. \$            |                 |
| 5. Insurance.                          | <b>g</b>                                                                                                       |                   |                 |
|                                        | ucted from your pay or included in lines 4 or 20.                                                              |                   |                 |
| 15a. Life insurance                    | , , ,                                                                                                          | 15a. \$           | 0.              |
| 15b. Health insurance                  |                                                                                                                | 15b. \$           | 0.              |
| 15c. Vehicle insurance                 |                                                                                                                | 15c. \$           | 85.             |
| 15d. Other insurance. Specify          | r.                                                                                                             | 15d. \$           | 0.              |
| ' '                                    | leducted from your pay or included in lines 4 or 2                                                             |                   |                 |
| Specify:                               | cadated from your pay or included in inter-                                                                    | 16. \$            | 0.              |
| 7. Installment or lease paymen         | its:                                                                                                           |                   |                 |
| 17a. Car payments for Vehic            |                                                                                                                | 17a. \$           | 150.            |
| 17b. Car payments for Vehic            |                                                                                                                | 17b. \$           | 0.              |
| 17c. Other. Specify:                   |                                                                                                                | 17c. \$           | 0.              |
| 17d. Other. Specify:                   |                                                                                                                | 17d. \$           | 0.              |
| · · · .                                | maintenance, and support that you did not re                                                                   |                   |                 |
|                                        | line 5, Schedule I, Your Income (Official Form                                                                 |                   | 0.              |
|                                        | o support others who do not live with you.                                                                     | \$                | 0.              |
| Specify:                               |                                                                                                                | 19.               |                 |
| . Other real property expense          | es not included in lines 4 or 5 of this form or o                                                              | n Schedule I: You | Income.         |
| 20a. Mortgages on other pro            | perty                                                                                                          | 20a. \$           | 0.              |
| 20b. Real estate taxes                 |                                                                                                                | 20b. \$           | 0.              |
| 20c. Property, homeowner's,            | , or renter's insurance                                                                                        | 20c. \$           | 0.              |
| 20d. Maintenance, repair, an           | d upkeep expenses                                                                                              | 20d. \$           | 0.              |
| 20e. Homeowner's association           |                                                                                                                | 20e. \$           |                 |
| . Other: Specify:                      |                                                                                                                | 21. +             |                 |
|                                        |                                                                                                                |                   | <del>-</del> 0. |
| 2. Calculate your monthly expe         | enses                                                                                                          |                   |                 |
| 22a. Add lines 4 through 21.           |                                                                                                                |                   | \$ 2,362.00     |
| 22b. Copy line 22 (monthly ex          | penses for Debtor 2), if any, from Official Form 1                                                             | 06J-2             | \$              |
| 22c. Add line 22a and 22b. The         | he result is your monthly expenses.                                                                            |                   | \$ 2,362.00     |
| Calculate vaccionis di t               |                                                                                                                |                   | · ·             |
| 3. Calculate your monthly net i        |                                                                                                                | 00- m             |                 |
|                                        | bined monthly income) from Schedule I.                                                                         | 23a. \$           | 1,586.          |
| 23b. Copy your monthly expe            | enses from line 22c above.                                                                                     | 23b               | 2,362.          |
| OOA Cultura et coa                     |                                                                                                                |                   |                 |
| ,                                      | expenses from your monthly income.                                                                             | 23c. \$           | -775.           |
| The result is your month               | пу нестисотте.                                                                                                 | 200.              |                 |
|                                        | or decrease in your expenses within the year sh paying for your car loan within the year or do you exportgage? |                   |                 |
| □ Yes Explain here                     | 7·                                                                                                             |                   |                 |

| Fill in this infor  | mation to identify your                            | case:                    |              |                                                                                               |                                         |                     |  |
|---------------------|----------------------------------------------------|--------------------------|--------------|-----------------------------------------------------------------------------------------------|-----------------------------------------|---------------------|--|
| Debtor 1            | Mark A. Gartrell                                   |                          |              |                                                                                               |                                         |                     |  |
|                     | First Name                                         | Middle Name              | Las          | st Name                                                                                       |                                         |                     |  |
| Debtor 2            |                                                    |                          |              |                                                                                               |                                         |                     |  |
| (Spouse if, filing) | First Name                                         | Middle Name              | Las          | st Name                                                                                       |                                         |                     |  |
| United States Ba    | ankruptcy Court for the:                           | SOUTHERN DISTRICT        | T OF INDIAN  | IA                                                                                            |                                         |                     |  |
| Case number         |                                                    |                          |              |                                                                                               |                                         |                     |  |
| (if known)          |                                                    |                          |              |                                                                                               |                                         | Check if this is an |  |
|                     |                                                    |                          |              |                                                                                               |                                         | amended filing      |  |
|                     |                                                    |                          |              |                                                                                               |                                         |                     |  |
| ~                   |                                                    |                          |              |                                                                                               |                                         |                     |  |
| Official For        |                                                    |                          |              |                                                                                               |                                         |                     |  |
| <b>Declara</b>      | tion About a                                       | ın Individual            | l Debte      | or's Schedul                                                                                  | es                                      | 12/15               |  |
|                     |                                                    |                          |              |                                                                                               |                                         |                     |  |
| years, or both. 1   | í8 U.S.C. §§ 152, 1341, 1<br>gn Below              |                          |              | e can result in fines up t                                                                    | , , , , , , , , , , , , , , , , , , , , |                     |  |
| Did you pa          | ay or agree to pay some                            | one who is NOT an atto   | rney to help | you fill out bankruptcy t                                                                     | forms?                                  |                     |  |
| ■ No                |                                                    |                          |              |                                                                                               |                                         |                     |  |
| ☐ Yes.              | Name of person                                     |                          |              | Attach Bankruptcy Petition Preparer's Notice,  Declaration, and Signature (Official Form 119) |                                         |                     |  |
|                     |                                                    |                          |              |                                                                                               |                                         |                     |  |
|                     | alty of perjury, I declare<br>re true and correct. | that I have read the sun | nmary and s  | chedules filed with this                                                                      | declaration and                         |                     |  |
| X /s/ Ma            | rk A. Gartrell                                     |                          | х            |                                                                                               |                                         |                     |  |
|                     | A. Gartrell                                        |                          | ~            | Signature of Debtor 2                                                                         |                                         |                     |  |
|                     | ure of Debtor 1                                    |                          |              | <u> </u>                                                                                      |                                         |                     |  |
| Date                | July 26, 2016                                      |                          |              | Date                                                                                          |                                         |                     |  |
|                     | , · · ·                                            |                          |              |                                                                                               |                                         |                     |  |

| Fill in          | this inform                               | nation to identify you                        | r case:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                       |                                                                 |                                                       |
|------------------|-------------------------------------------|-----------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-----------------------------------------------------------------|-------------------------------------------------------|
| Debto            |                                           | Mark A. Gartrell                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                       |                                                                 |                                                       |
| Dobic            | ,, i                                      | First Name                                    | Middle Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Last Name                                             |                                                                 |                                                       |
| Debto            | or 2<br>e if, filing)                     | First Name                                    | Middle Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Last Name                                             |                                                                 |                                                       |
|                  |                                           |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                       |                                                                 |                                                       |
| United           | d States Bar                              | nkruptcy Court for the:                       | SOUTHERN DISTRICT C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | DE INDIANA                                            |                                                                 |                                                       |
| Case<br>(if know | number                                    |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                       | _                                                               | Check if this is an amended filing                    |
| Stat             | ement                                     |                                               | Affairs for Individation in the second of th |                                                       | ankruptcy equally responsible for sup                           | 4/1                                                   |
|                  |                                           | ore space is needed,<br>a). Answer every ques |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | this form. On the top of any                          | y additional pages, write you                                   | ur name and case                                      |
| Part 1           | Give D                                    | etails About Your Ma                          | rital Status and Where You                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Lived Before                                          |                                                                 |                                                       |
| 1. W             | /hat is your                              | current marital statu                         | ıs?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                       |                                                                 |                                                       |
|                  | <ul><li>Married</li><li>Not mar</li></ul> | ried                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                       |                                                                 |                                                       |
| 2. D             | uring the la                              | ast 3 years, have you                         | lived anywhere other than                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | where you live now?                                   |                                                                 |                                                       |
|                  | •                                         |                                               | ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | •                                                     |                                                                 |                                                       |
| -                | No Yes. Lis                               | t all of the places you I                     | ived in the last 3 years. Do no                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ot include where you live now                         | <i>I</i> .                                                      |                                                       |
| I                | Debtor 1 Pr                               | ior Address:                                  | Dates Debtor 1 lived there                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Debtor 2 Prior Ad                                     | dress:                                                          | Dates Debtor 2<br>lived there                         |
|                  |                                           |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                       | ity property state or territory<br>ico, Texas, Washington and W |                                                       |
|                  | ■ No<br>■ Yes. Ma                         | ke sure you fill out <i>Scl</i>               | nedule H: Your Codebtors (Ot                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | fficial Form 106H).                                   |                                                                 |                                                       |
| Part 2           | Explai                                    | n the Sources of You                          | r Income                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                       |                                                                 |                                                       |
| F                | ill in the tota                           | I amount of income yo                         | nployment or from operatin<br>u received from all jobs and a<br>have income that you receive                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | all businesses, including part-                       |                                                                 | ndar years?                                           |
|                  |                                           | in the details.                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                       |                                                                 |                                                       |
|                  |                                           |                                               | Debtor 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                       | Debtor 2                                                        |                                                       |
|                  |                                           |                                               | Sources of income<br>Check all that apply.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Gross income<br>(before deductions and<br>exclusions) | Sources of income<br>Check all that apply.                      | Gross income<br>(before deductions<br>and exclusions) |
|                  | •                                         | of current year until<br>d for bankruptcy:    | ■ Wages, commissions, bonuses, tips                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | \$21,928.06                                           | ☐ Wages, commissions, bonuses, tips                             |                                                       |
|                  |                                           |                                               | ☐ Operating a business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                       | ☐ Operating a business                                          |                                                       |

Official Form 107

Case 16-05754-JMC-7 Doc 1 Filed 07/27/16 EOD 07/27/16 15:32:20 Pg 38 of 54

| De | ebtor 1 Ma                   | ark A. Gart                                                      | rell                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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|    |                              |                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Sources of Check all                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                               | (before                                                                               | s income<br>re deductions and<br>sions)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                        | ources of inc<br>heck all that a                                      |                                                          | Gross income<br>(before deductions<br>and exclusions)            |
|    | or last caler<br>anuary 1 to | ndar year:<br>December                                           | 31, 2015 )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ■ Wages bonuses, t                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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nmissions,                                               |                                                                  |
|    |                              |                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                        | Operating a                                                           | business                                                 |                                                                  |
|    |                              | dar year be<br>December                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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imissions,                                               |                                                                  |
|    |                              |                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                        | Operating a                                                           | business                                                 |                                                                  |
|    | winnings.  List each         | lf you are fili                                                  | ng a joint cas                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | e and you h                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ental income; inter<br>ave income that y<br>ch source separat                                 | ou recei                                                                              | ived together, list                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | it only                | once under D                                                          | ebtor 1.                                                 | d gambling and lottery                                           |
|    |                              |                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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|    |                              |                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | S<br>D                 | ebtor 2<br>ources of inc<br>escribe below                             |                                                          | Gross income<br>(before deductions<br>and exclusions)            |
|    |                              | y 1 of currei<br>filed for bar                                   | nt year until<br>kruptcy:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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                                                       |                                                                  |
| Pa | art 3: Lis                   | t Certain Pa                                                     | vments You                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Made Befo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                        |                                                                       |                                                          |                                                                  |
| 6. | Are eithe                    | Debtor 1's Neither De individual p During the No. Yes  * Subject | or Debtor 2' ebtor 1 nor Debtor 1 nor Debtor 1 nor Debtor 2 nor Debtor 2 or De | es debts pri<br>bebtor 2 has<br>personal, fa<br>personal, fa<br>perso | marily consumers primarily consuments primarily consumently, or household for bankruptcy, die | r debts?  Imer del  Id purpos  d you pa  d a total  tts for do  nis bankr  s after th | obts. Consumer dese."  by any creditor a to of \$6,425* or more of support of the consumer to complete the consumer to complete the consumer to consumer the c | ore in on<br>bligation | \$6,425* or mo<br>be or more pay<br>ns, such as ch<br>fter the date c | re?<br>/ments and th<br>nild support a<br>of adjustment. | 1(8) as "incurred by an ne total amount you nd alimony. Also, do |
|    |                              | ■ No.                                                            | Go to line 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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                                                       |                                                                  |
|    |                              | □ Yes                                                            | include pay                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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                                                       | t creditor. Do not<br>nclude payments to an                      |
|    | Creditor                     | 's Name and                                                      | d Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Dates of payme                                                                                | nt                                                                                    | Total amount paid                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                        | mount you still owe                                                   | Was this p                                               | payment for                                                      |
|    |                              |                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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                                                       |                                                                  |

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| 7.  | Within 1 year before you filed for bankrupte<br>Insiders include your relatives; any general part of which you are an officer, director, person in a business you operate as a sole proprietor. 1 alimony. | ortners; relatives of any gen<br>control, or owner of 20% of                                                                                                               | neral partners; partners<br>or more of their voting               | erships of which yo<br>g securities; and a | ou are a genera<br>ny managing a  | al partner; corporation<br>gent, including one fo |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|--------------------------------------------|-----------------------------------|---------------------------------------------------|
|     | <ul><li>■ No</li><li>□ Yes. List all payments to an insider.</li></ul>                                                                                                                                     |                                                                                                                                                                            |                                                                   |                                            |                                   |                                                   |
|     | Insider's Name and Address                                                                                                                                                                                 | Dates of payment                                                                                                                                                           | Total amount paid                                                 | Amount you still owe                       | Reason for                        | this payment                                      |
| 8.  | Within 1 year before you filed for bankrupte insider? Include payments on debts guaranteed or cos                                                                                                          |                                                                                                                                                                            | ments or transfer a                                               | any property on a                          | eccount of a de                   | ebt that benefited an                             |
|     | ■ No                                                                                                                                                                                                       |                                                                                                                                                                            |                                                                   |                                            |                                   |                                                   |
|     | ☐ Yes. List all payments to an insider                                                                                                                                                                     |                                                                                                                                                                            |                                                                   |                                            |                                   |                                                   |
|     | Insider's Name and Address                                                                                                                                                                                 | Dates of payment                                                                                                                                                           | Total amount paid                                                 | Amount you still owe                       | Reason for Include cred           | this payment itor's name                          |
| Pa  | rt 4: Identify Legal Actions, Repossession                                                                                                                                                                 | ns, and Foreclosures                                                                                                                                                       |                                                                   |                                            |                                   |                                                   |
| 9.  | Within 1 year before you filed for bankrupte List all such matters, including personal injury modifications, and contract disputes.  No Yes. Fill in the details.                                          |                                                                                                                                                                            |                                                                   |                                            |                                   |                                                   |
|     | Case title Case number                                                                                                                                                                                     | Nature of the case                                                                                                                                                         |                                                                   |                                            | ■ Pending □ On appeal □ Concluded |                                                   |
|     | Finance System of Richmond, Inc. vs Mark A. Gartrell 89D03-1602-SC-000127                                                                                                                                  | complaint                                                                                                                                                                  |                                                                   |                                            |                                   |                                                   |
|     | Atlas Collections, Inc. vs Mark Gartrell 33C03-1511-SC-0001312                                                                                                                                             | complaint                                                                                                                                                                  | Henry Circuit Court 3<br>1215 Race Street<br>New Castle, IN 47362 |                                            | ■ Pending □ On appe □ Conclud     | al                                                |
|     |                                                                                                                                                                                                            |                                                                                                                                                                            |                                                                   |                                            | judgment                          |                                                   |
| 10. | Within 1 year before you filed for bankrupte<br>Check all that apply and fill in the details below                                                                                                         |                                                                                                                                                                            | erty repossessed, f                                               | oreclosed, garni                           | shed, attached                    | I, seized, or levied?                             |
|     | No. Go to line 11.                                                                                                                                                                                         |                                                                                                                                                                            |                                                                   |                                            |                                   |                                                   |
|     | Yes. Fill in the information below.                                                                                                                                                                        |                                                                                                                                                                            |                                                                   |                                            |                                   |                                                   |
|     | Creditor Name and Address                                                                                                                                                                                  | • •                                                                                                                                                                        | Describe the Property                                             |                                            |                                   | Value of the<br>property                          |
|     | Huntington National Bank                                                                                                                                                                                   | Explain what happened 2000 Saab93                                                                                                                                          | u                                                                 | 10/1                                       | 5                                 | \$7,500.00                                        |
|     | Po Box 1558<br>Columbus, OH 43216                                                                                                                                                                          | <ul> <li>■ Property was repossessed.</li> <li>□ Property was foreclosed.</li> <li>□ Property was garnished.</li> <li>□ Property was attached, seized or levied.</li> </ul> |                                                                   |                                            |                                   |                                                   |
|     |                                                                                                                                                                                                            |                                                                                                                                                                            |                                                                   |                                            |                                   |                                                   |

Debtor 1 Mark A. Gartrell

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| 11. | Within 90 days before you filed for bankr accounts or refuse to make a payment by                                                    |         | did any creditor, including a bank or financial ins                                                                                | stitution, set off any            | amounts from your         |
|-----|--------------------------------------------------------------------------------------------------------------------------------------|---------|------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|---------------------------|
|     | No                                                                                                                                   | oouuoo  | , , , , , , , , , , , , , , , , , , , ,                                                                                            |                                   |                           |
|     | ☐ Yes. Fill in the details.                                                                                                          |         |                                                                                                                                    |                                   |                           |
|     | Creditor Name and Address                                                                                                            | De      | escribe the action the creditor took                                                                                               | Date action was taken             | Amount                    |
| 12. | Within 1 year before you filed for bankru court-appointed receiver, a custodian, or                                                  |         | ras any of your property in the possession of an a er official?                                                                    | assignee for the ben              | efit of creditors, a      |
|     | ■ No □ Yes                                                                                                                           |         |                                                                                                                                    |                                   |                           |
| Par | t 5: List Certain Gifts and Contribution                                                                                             | s       |                                                                                                                                    |                                   |                           |
| 13. | Within 2 years before you filed for bankr  ■ No □ Yes. Fill in the details for each gift.                                            | uptcy,  | did you give any gifts with a total value of more t                                                                                | han \$600 per person              | ?                         |
|     | Gifts with a total value of more than \$60 per person                                                                                | 0       | Describe the gifts                                                                                                                 | Dates you gave the gifts          | Value                     |
|     | Person to Whom You Gave the Gift and Address:                                                                                        |         |                                                                                                                                    |                                   |                           |
| 14. | Within 2 years before you filed for bankro  ■ No  □ Yes. Fill in the details for each gift or c                                      |         | did you give any gifts or contributions with a tota                                                                                | ıl value of more than             | \$600 to any charity?     |
|     | Gifts or contributions to charities that t<br>more than \$600<br>Charity's Name<br>Address (Number, Street, City, State and ZIP Code | otal    | Describe what you contributed                                                                                                      | Dates you contributed             | Value                     |
| Pai | t 6: List Certain Losses                                                                                                             |         |                                                                                                                                    |                                   |                           |
| 15. | Within 1 year before you filed for bankru or gambling?                                                                               | ptcy or | since you filed for bankruptcy, did you lose any                                                                                   | thing because of the              | ft, fire, other disaster, |
|     | □ No                                                                                                                                 |         |                                                                                                                                    |                                   |                           |
|     | Yes. Fill in the details.                                                                                                            |         |                                                                                                                                    |                                   |                           |
|     | Describe the property you lost and                                                                                                   | Descri  | ibe any insurance coverage for the loss                                                                                            | Date of your                      | Value of property         |
|     | how the loss occurred                                                                                                                |         | e the amount that insurance has paid. List pending nce claims on line 33 of Schedule A/B: Property.                                | loss                              | lost                      |
|     | Auto accident                                                                                                                        | State   | Farm paid \$4,100 for personal property 2,000 for medical; pain & suffering                                                        | 4/29/16                           | \$4,000.00                |
| Pai | t 7: List Certain Payments or Transfers                                                                                              |         |                                                                                                                                    |                                   |                           |
|     | ·                                                                                                                                    |         |                                                                                                                                    |                                   |                           |
| 16. | consulted about seeking bankruptcy or p                                                                                              | orepari | id you or anyone else acting on your behalf pay on a bankruptcy petition?  rs, or credit counseling agencies for services requires |                                   | rty to anyone you         |
|     | □ No                                                                                                                                 |         |                                                                                                                                    |                                   |                           |
|     | Yes. Fill in the details.                                                                                                            |         |                                                                                                                                    |                                   |                           |
|     | Person Who Was Paid<br>Address<br>Email or website address                                                                           |         | Description and value of any property transferred                                                                                  | Date payment or transfer was made | Amount of payment         |
|     | Person Who Made the Payment, if Not Y Pioneer Credit                                                                                 | ou      | credit counseling certificate                                                                                                      | 5/16                              | \$15.00                   |
|     |                                                                                                                                      |         |                                                                                                                                    |                                   |                           |

Debtor 1 Mark A. Gartrell

Debtor 1 Mark A. Gartrell Case number (if known)

| 17. | Within 1 year before you filed for bankruptcy promised to help you deal with your creditor.  Do not include any payment or transfer that you  No Yes, Fill in the details.                          | s or to make payments                                                     |                               | ehalf pay or transfer any prope                                            | rty to anyone who                             |
|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|-------------------------------|----------------------------------------------------------------------------|-----------------------------------------------|
|     | Person Who Was Paid Address                                                                                                                                                                         | Description and va                                                        | alue of any propert           | y Date payment<br>or transfer was<br>made                                  | Amount of payment                             |
|     | Within 2 years before you filed for bankruptc transferred in the ordinary course of your bu Include both outright transfers and transfers mad include gifts and transfers that you have already  No | siness or financial affa<br>de as security (such as the                   | irs?<br>ne granting of a secu |                                                                            |                                               |
|     | Yes. Fill in the details.  Person Who Received Transfer Address  Person's relationship to you                                                                                                       | Description and va                                                        | ed                            | Describe any property or<br>payments received or debts<br>paid in exchange | Date transfer was made                        |
| 19. | Within 10 years before you filed for bankrupt beneficiary? (These are often called asset-prot ■ No □ Yes. Fill in the details.                                                                      |                                                                           | y property to a self-         | settled trust or similar device                                            | of which you are a                            |
|     | Name of trust                                                                                                                                                                                       | Description and va                                                        | alue of the property          | r transferred                                                              | Date Transfer was made                        |
| Par | 8: List of Certain Financial Accounts, Inst                                                                                                                                                         | truments, Safe Deposit                                                    | Boxes, and Storag             | e Units                                                                    |                                               |
| 20. | Within 1 year before you filed for bankruptcy sold, moved, or transferred? Include checking, savings, money market, or houses, pension funds, cooperatives, associ  No Yes, Fill in the details.    | other financial accoun                                                    | ts; certificates of d         |                                                                            |                                               |
|     | Name of Financial Institution and                                                                                                                                                                   | Last 4 digits of account number                                           | Type of account o instrument  | Date account was closed, sold, moved, or transferred                       | Last balance<br>before closing or<br>transfer |
| 21. | Do you now have, or did you have within 1 ye cash, or other valuables?                                                                                                                              | ear before you filed for                                                  | bankruptcy, any sa            | ife deposit box or other deposi                                            | itory for securities,                         |
|     | ■ No<br>□ Yes. Fill in the details.                                                                                                                                                                 |                                                                           |                               |                                                                            |                                               |
|     | Name of Financial Institution<br>Address (Number, Street, City, State and ZIP Code)                                                                                                                 | Who else had acco<br>Address (Number, St<br>State and ZIP Code)           |                               | cribe the contents                                                         | Do you still have it?                         |
| 22. | Have you stored property in a storage unit or  No Yes. Fill in the details.                                                                                                                         | r place other than your                                                   | home within 1 year            | before you filed for bankrupto                                             | sy?                                           |
|     | Name of Storage Facility<br>Address (Number, Street, City, State and ZIP Code)                                                                                                                      | Who else has or h<br>to it?<br>Address (Number, St<br>State and ZIP Code) |                               | cribe the contents                                                         | Do you still have it?                         |
|     |                                                                                                                                                                                                     |                                                                           |                               |                                                                            |                                               |

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| Del | otor 1 Mark A. Gartrell                                                                                                                                    |                                                                            | Case number (if known)                 |                      |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|----------------------------------------|----------------------|
| Par | t 9: Identify Property You Hold or Control for                                                                                                             | Someone Else                                                               |                                        |                      |
| 23. | Do you hold or control any property that someofor someone.                                                                                                 | ne else owns? Include any proper                                           | ty you borrowed from, are storing for  | , or hold in trust   |
|     | ■ No □ Yes. Fill in the details.                                                                                                                           |                                                                            |                                        |                      |
|     | Owner's Name<br>Address (Number, Street, City, State and ZIP Code)                                                                                         | Where is the property?<br>(Number, Street, City, State and ZIP<br>Code)    | Describe the property                  | Valu                 |
| Par | t 10: Give Details About Environmental Informa                                                                                                             | ation                                                                      |                                        |                      |
| For | the purpose of Part 10, the following definitions                                                                                                          | apply:                                                                     |                                        |                      |
|     | Environmental law means any federal, state, or toxic substances, wastes, or material into the air regulations controlling the cleanup of these substances. | ir, land, soil, surface water, ground                                      | - ·                                    |                      |
|     | Site means any location, facility, or property as to own, operate, or utilize it, including disposal                                                       | -                                                                          | law, whether you now own, operate, o   | or utilize it or use |
|     | Hazardous material means anything an environ hazardous material, pollutant, contaminant, or s                                                              |                                                                            | s waste, hazardous substance, toxic s  | ubstance,            |
| Rep | ort all notices, releases, and proceedings that yo                                                                                                         | ou know about, regardless of wher                                          | n they occurred.                       |                      |
| 24. | Has any governmental unit notified you that you                                                                                                            | u may be liable or potentially liable                                      | under or in violation of an environme  | ental law?           |
|     | ■ No □ Yes. Fill in the details.                                                                                                                           |                                                                            |                                        |                      |
|     | Name of site<br>Address (Number, Street, City, State and ZIP Code)                                                                                         | Governmental unit<br>Address (Number, Street, City, State and<br>ZIP Code) | Environmental law, if you know it      | Date of notice       |
| 25. | Have you notified any governmental unit of any                                                                                                             | release of hazardous material?                                             |                                        |                      |
|     | ■ No □ Yes. Fill in the details.                                                                                                                           |                                                                            |                                        |                      |
|     | Name of site<br>Address (Number, Street, City, State and ZIP Code)                                                                                         | Governmental unit<br>Address (Number, Street, City, State and<br>ZIP Code) | Environmental law, if you know it      | Date of notice       |
| 26. | Have you been a party in any judicial or adminis                                                                                                           | strative proceeding under any envi                                         | ironmental law? Include settlements a  | and orders.          |
|     | ■ No □ Yes. Fill in the details.                                                                                                                           |                                                                            |                                        |                      |
|     | Case Title Case Number                                                                                                                                     | Court or agency Name Address (Number, Street, City, State and ZIP Code)    | Nature of the case                     | Status of the case   |
| Par | t 11: Give Details About Your Business or Con                                                                                                              | nections to Any Business                                                   |                                        |                      |
| 27. | Within 4 years before you filed for bankruptcy, o                                                                                                          | did you own a business or have ar                                          | ny of the following connections to any | business?            |
|     | lacksquare A sole proprietor or self-employed in a t                                                                                                       | trade, profession, or other activity,                                      | either full-time or part-time          |                      |
|     | ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)                                                                     |                                                                            |                                        |                      |

Official Form 107

lacksquare A partner in a partnership

☐ An officer, director, or managing executive of a corporation

 $\hfill \square$  An owner of at least 5% of the voting or equity securities of a corporation Case 16-05754-JMC-7 Doc 1 Filed 07/27/16 EOD 07/27/16 15:32:20 Pg 43 of 54

| De          | otor 1 Mark A. Gartrell                                                                 | Ca                                             | Case number (if known)                                                                                             |  |  |
|-------------|-----------------------------------------------------------------------------------------|------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--|--|
|             |                                                                                         |                                                |                                                                                                                    |  |  |
|             | No. None of the above applies. Go to F                                                  | Part 12.                                       |                                                                                                                    |  |  |
|             | ☐ Yes. Check all that apply above and fill                                              | in the details below for each business.        |                                                                                                                    |  |  |
|             | Business Name<br>Address                                                                | Describe the nature of the business            | Employer Identification number Do not include Social Security number or ITIN.                                      |  |  |
|             | (Number, Street, City, State and ZIP Code)                                              | Name of accountant or bookkeeper               | Dates business existed                                                                                             |  |  |
| 28.         | Within 2 years before you filed for bankrupt institutions, creditors, or other parties. | cy, did you give a financial statement to a    | nyone about your business? Include all financial                                                                   |  |  |
|             | ■ No □ Yes. Fill in the details below.                                                  |                                                |                                                                                                                    |  |  |
|             | Name<br>Address<br>(Number, Street, City, State and ZIP Code)                           | Date Issued                                    |                                                                                                                    |  |  |
| Pa          | t 12: Sign Below                                                                        |                                                |                                                                                                                    |  |  |
| are<br>with |                                                                                         | false statement, concealing property, or o     | declare under penalty of perjury that the answers obtaining money or property by fraud in connection ars, or both. |  |  |
| /s/         | Mark A. Gartrell                                                                        |                                                |                                                                                                                    |  |  |
| Ma          | rk A. Gartrell<br>nature of Debtor 1                                                    | Signature of Debtor 2                          |                                                                                                                    |  |  |
| Da          | te _July 26, 2016                                                                       | Date                                           |                                                                                                                    |  |  |
| Did<br>■ N  | you attach additional pages to Your Stateme                                             | ent of Financial Affairs for Individuals Filin | ng for Bankruptcy (Official Form 107)?                                                                             |  |  |
|             |                                                                                         |                                                |                                                                                                                    |  |  |
|             | you pay or agree to pay someone who is not                                              | t an attorney to help you fill out bankrupto   | y forms?                                                                                                           |  |  |
| <b>I</b>    | **                                                                                      |                                                |                                                                                                                    |  |  |
|             | es. Name of Person . Attach the Bankru                                                  | ptcy Petition Preparer's Notice, Declaration,  | and Signature (Official Form 119).                                                                                 |  |  |

| Fill in this infor                 | Fill in this information to identify your case: |                                           |                                                                                                                                   |                                                                           |  |  |  |
|------------------------------------|-------------------------------------------------|-------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|--|--|--|
| Debtor 1 Mark A. Gartrell          |                                                 |                                           |                                                                                                                                   |                                                                           |  |  |  |
|                                    | First Name                                      | Middle Name                               | Last Name                                                                                                                         |                                                                           |  |  |  |
| Debtor 2<br>(Spouse if, filing)    | First Name                                      | Middle Name                               | Last Name                                                                                                                         |                                                                           |  |  |  |
| United States Ba                   | ankruptcy Court for the:                        | SOUTHERN DIS                              | TRICT OF INDIANA                                                                                                                  |                                                                           |  |  |  |
| Case number                        |                                                 |                                           |                                                                                                                                   |                                                                           |  |  |  |
| (if known)                         |                                                 |                                           |                                                                                                                                   | ☐ Check if this is an amended filing                                      |  |  |  |
| Official Fo                        |                                                 | n for Indiv                               | viduals Filing Under Chap                                                                                                         | oter 7 12/15                                                              |  |  |  |
|                                    | lividual filing under cha                       | -                                         | l out this form if:                                                                                                               |                                                                           |  |  |  |
| you have lease<br>You must file th | ever is earlier, unless th                      | nd the lease has n<br>ithin 30 days after | ot expired.<br>you file your bankruptcy petition or by the date<br>e time for cause. You must also send copies to                 | e set for the meeting of creditors,<br>the creditors and lessors you list |  |  |  |
|                                    | eople are filing together<br>nd date the form.  | in a joint case, bo                       | th are equally responsible for supplying correc                                                                                   | ct information. Both debtors must                                         |  |  |  |
|                                    | and accurate as possib<br>our name and case nun |                                           | s needed, attach a separate sheet to this form.                                                                                   | On the top of any additional pages,                                       |  |  |  |
|                                    |                                                 |                                           | : Creditors Who Have Claims Secured by Prop                                                                                       | erty (Official Form 106D), fill in the                                    |  |  |  |
|                                    | reditor and the property the                    | nat is collateral                         | What do you intend to do with the property t secures a debt?                                                                      | hat Did you claim the property as exempt on Schedule C?                   |  |  |  |
| Creditor's (                       | Cap1/ymaha                                      |                                           | ☐ Surrender the property.                                                                                                         | □ No                                                                      |  |  |  |
| name:                              | <b></b>                                         |                                           | Retain the property and redeem it.                                                                                                | <b>=</b>                                                                  |  |  |  |
| Description of                     | f 2014 Yamaha Moto                              | orcycle                                   | Retain the property and enter into a                                                                                              | Yes                                                                       |  |  |  |
| property<br>securing debt          |                                                 |                                           | Reaffirmation Agreement.  Retain the property and [explain]:                                                                      |                                                                           |  |  |  |
| Creditor's F                       | First Bank Richmond                             |                                           | ☐ Surrender the property.                                                                                                         | □ No                                                                      |  |  |  |
| name:                              |                                                 |                                           | Retain the property and redeem it.                                                                                                | ■ V                                                                       |  |  |  |
| Description of                     | f 402 West Main Stre<br>47357 Wayne Cou         |                                           | Retain the property and enter into a Reaffirmation Agreement.                                                                     | ■ Yes                                                                     |  |  |  |
| property<br>securing debt          | _                                               | iity                                      | ☐ Retain the property and [explain]:                                                                                              |                                                                           |  |  |  |
| _                                  | First Bank Richmond                             |                                           | ☐ Surrender the property.                                                                                                         | □No                                                                       |  |  |  |
| name:                              |                                                 |                                           | Retain the property and redeem it.                                                                                                | ■ Yes                                                                     |  |  |  |
| Description of property            | f 402 West Main Stro<br>47357 Wayne Cou         | •                                         | <ul> <li>Retain the property and enter into a<br/>Reaffirmation Agreement.</li> <li>Retain the property and [explain]:</li> </ul> | - 165                                                                     |  |  |  |
| p. 5001.ty                         | •                                               | -                                         | - retain the property and [explain]:                                                                                              |                                                                           |  |  |  |

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

| Debtor 1 Mark A. Gartrell                                                     |                                                                                                                                                                           | Case number (if known)                                 |             |
|-------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|-------------|
| securing debt:                                                                |                                                                                                                                                                           |                                                        |             |
| Part 2: List Your Unexpired Pers                                              | const Property Lesses                                                                                                                                                     |                                                        |             |
| For any unexpired personal proper in the information below. Do not lis        | ty lease that you listed in Schedule G: Executory Con<br>treal estate leases. Unexpired leases are leases that<br>sonal property lease if the trustee does not assume it. | are still in effect; the lease period has not yet ende | fill<br>ed. |
| Describe your unexpired personal                                              | property leases                                                                                                                                                           | Will the lease be assumed?                             |             |
| Lessor's name:                                                                |                                                                                                                                                                           | □ No                                                   |             |
| Description of leased Property:                                               |                                                                                                                                                                           | ☐ Yes                                                  |             |
| Lessor's name:                                                                |                                                                                                                                                                           | □ No                                                   |             |
| Description of leased Property:                                               |                                                                                                                                                                           | ☐ Yes                                                  |             |
| Lessor's name:                                                                |                                                                                                                                                                           | □ No                                                   |             |
| Description of leased Property:                                               |                                                                                                                                                                           | ☐ Yes                                                  |             |
| Lessor's name:                                                                |                                                                                                                                                                           | □ No                                                   |             |
| Description of leased Property:                                               |                                                                                                                                                                           | ☐ Yes                                                  |             |
| Lessor's name:                                                                |                                                                                                                                                                           | □ No                                                   |             |
| Description of leased Property:                                               |                                                                                                                                                                           | ☐ Yes                                                  |             |
| Lessor's name:                                                                |                                                                                                                                                                           | □ No                                                   |             |
| Description of leased Property:                                               |                                                                                                                                                                           | ☐ Yes                                                  |             |
| Lessor's name:                                                                |                                                                                                                                                                           | □ No                                                   |             |
| Description of leased Property:                                               |                                                                                                                                                                           | ☐ Yes                                                  |             |
| Part 3: Sign Below                                                            |                                                                                                                                                                           |                                                        |             |
| Under penalty of perjury, I declare t<br>property that is subject to an unexp | that I have indicated my intention about any property or                                                                                                                  | of my estate that secures a debt and any personal      |             |
| χ /s/ Mark A. Gartrell                                                        | V                                                                                                                                                                         |                                                        |             |
| Mark A. Gartrell<br>Signature of Debtor 1                                     | Signature of De                                                                                                                                                           | ebtor 2                                                |             |
| Date <b>July 26, 2016</b>                                                     | Date                                                                                                                                                                      |                                                        |             |

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

## The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation        |
|------------|--------------------|
| \$245      | filing fee         |
| \$75       | administrative fee |
| + \$15     | trustee surcharge  |
| \$335      | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

## Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure</a>.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

## Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankruptcy/BankruptcyResources/ApprovedCredit</a> AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. B2030 (Form 2030) (12/15)

### **United States Bankruptcy Court** Southern District of Indiana

| In re  | e Mark A. Gartre                                                                                                                                                                                                                                                                                                                                                                                        | 11                                                                    |                                                                                                                                                                                      | Case No.                              |                                   |  |  |
|--------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|-----------------------------------|--|--|
| 111 10 | Mark A. Gartie                                                                                                                                                                                                                                                                                                                                                                                          |                                                                       | Debtor(s)                                                                                                                                                                            | Chapter                               | 7                                 |  |  |
|        |                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                       | OMPENSATION OF ATTOR                                                                                                                                                                 |                                       | ` ,                               |  |  |
| 1.     | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows: |                                                                       |                                                                                                                                                                                      |                                       |                                   |  |  |
|        | For legal service                                                                                                                                                                                                                                                                                                                                                                                       | s, I have agreed to accep                                             | t                                                                                                                                                                                    | \$                                    | 850.00                            |  |  |
|        | Prior to the filing                                                                                                                                                                                                                                                                                                                                                                                     | g of this statement I have                                            | received                                                                                                                                                                             | \$                                    | 850.00                            |  |  |
|        |                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                       |                                                                                                                                                                                      | 0.00                                  |                                   |  |  |
| 2.     | The source of the compensation paid to me was:                                                                                                                                                                                                                                                                                                                                                          |                                                                       |                                                                                                                                                                                      |                                       |                                   |  |  |
|        | Debtor                                                                                                                                                                                                                                                                                                                                                                                                  | ☐ Other (specify):                                                    |                                                                                                                                                                                      |                                       |                                   |  |  |
| 3. T   | The source of compensation to be paid to me is:                                                                                                                                                                                                                                                                                                                                                         |                                                                       |                                                                                                                                                                                      |                                       |                                   |  |  |
|        | ☐ Debtor                                                                                                                                                                                                                                                                                                                                                                                                | Other (specify):                                                      | ARAG will be paying the attorney                                                                                                                                                     | fee.                                  |                                   |  |  |
| 4.     | ■ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm                                                                                                                                                                                                                                                               |                                                                       |                                                                                                                                                                                      |                                       |                                   |  |  |
|        |                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                       | compensation with a person or persons who of the names of the people sharing in the c                                                                                                |                                       |                                   |  |  |
| 5.     | In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:                                                                                                                                                                                                                                                                         |                                                                       |                                                                                                                                                                                      |                                       |                                   |  |  |
|        | <ul><li>b. Preparation and file</li><li>c. Representation of</li><li>d. [Other provisions</li></ul>                                                                                                                                                                                                                                                                                                     | ling of any petition, sche<br>the debtor at the meeting<br>as needed] | and rendering advice to the debtor in deter<br>dules, statement of affairs and plan which n<br>g of creditors and confirmation hearing, and<br>itors to reduce to market value; exen | nay be required;<br>any adjourned hea | rings thereof;                    |  |  |
|        | reaffirmation                                                                                                                                                                                                                                                                                                                                                                                           | on agreements and a                                                   | pplications as needed; preparation ans on household goods.                                                                                                                           |                                       |                                   |  |  |
| 6.     | Representa                                                                                                                                                                                                                                                                                                                                                                                              |                                                                       | sclosed fee does not include the following s<br>n any dischargeability actions, judici<br>J.                                                                                         |                                       | es, relief from stay actions o    |  |  |
|        |                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                       | CERTIFICATION                                                                                                                                                                        |                                       |                                   |  |  |
| this   | I certify that the foreg<br>bankruptcy proceeding                                                                                                                                                                                                                                                                                                                                                       | oing is a complete stater g.                                          | nent of any agreement or arrangement for p                                                                                                                                           | ayment to me for r                    | epresentation of the debtor(s) in |  |  |
| _      | July 26, 2016                                                                                                                                                                                                                                                                                                                                                                                           |                                                                       | /s/ Craig C. Parker                                                                                                                                                                  |                                       |                                   |  |  |
| 1      | Date                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                       | Craig C. Parker 25                                                                                                                                                                   |                                       |                                   |  |  |
|        |                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                       | Signature of Attorney Parker Law, LLC                                                                                                                                                |                                       |                                   |  |  |
|        |                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                       | 303 South A Street                                                                                                                                                                   | t                                     |                                   |  |  |
|        |                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                       | Richmond, IN 4737                                                                                                                                                                    | <b>'</b> 4                            |                                   |  |  |
|        |                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                       | 765-373-8065 Fax                                                                                                                                                                     |                                       |                                   |  |  |
|        |                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                       | ccparker18@aol.co                                                                                                                                                                    | om                                    |                                   |  |  |
|        |                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                       | Name of law firm                                                                                                                                                                     |                                       |                                   |  |  |

### **United States Bankruptcy Court** Southern District of Indiana

| Southern District of Indiana |                                 |                                                      |                     |                       |  |  |  |  |
|------------------------------|---------------------------------|------------------------------------------------------|---------------------|-----------------------|--|--|--|--|
| re                           | Mark A. Gartrell                |                                                      | Case No.            |                       |  |  |  |  |
|                              |                                 | Debtor(s)                                            | Chapter             | 7                     |  |  |  |  |
|                              |                                 |                                                      |                     |                       |  |  |  |  |
|                              | VERIFICATION OF CREDITOR MATRIX |                                                      |                     |                       |  |  |  |  |
| ab                           | ove-named Debtor hereby verific | es that the attached list of creditors is true and c | correct to the best | of his/her knowledge. |  |  |  |  |
| ate:                         | July 26, 2016                   | /s/ Mark A. Gartrell                                 |                     |                       |  |  |  |  |
|                              |                                 | Mark A. Gartrell                                     |                     |                       |  |  |  |  |

Signature of Debtor

AMERICAN CORADIUS INTERNATIONAL LLC 2420 SWEET HOME RD., STE. 150 BUFFALO, NY 14228-2244

ATLAS COLLECTIONS INC. PO BOX 688 1411 BROAD STREET NEW CASTLE, IN 47362

BARCLAYS BANK DELAWARE PO BOX 8803 WILMINGTON, DE 19899

CAP1/YMAHA 26525 N RIVERWOODS BLVD METTAWA, IL 60045

CAPITAL ONE BANK USA N PO BOX 85015 RICHMOND, VA 23285

CHEW'S EXCAVATING 9701 S. BENTONVILLE ROAD CAMBRIDGE CITY, IN 47327

DEPT OF EDUCATION/NELN 121 S 13TH ST LINCOLN, NE 68508 DUBLIN VFD PO BOX 727 ELKHART, IN 46515

FINANCE SYSTEM OF RICHMOND PO BOX 786 RICHMOND, IN 47375

FIRST BANK RICHMOND 20 N 9TH ST RICHMOND, IN 47374

HEIGHTS FINANCE CORP 335 COURT ST PEKIN, IN 61554

HUNTINGTON NATIONAL BANK PO BOX 1558 COLUMBUS, OH 43216

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